

L21 000083220

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

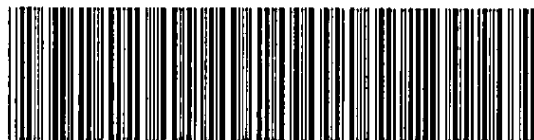
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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3/17/2021

Beata M Browne  
2305 S Thixton Ct  
Tampa FL 33629

B4 Design LLC name change to Bee4 Design LLC

Please note the amendment to change the existing business name

B4 Design LLC to **Bee4 Design LLC**

Articles of incorporation are dated February 18th 2021.

Please contact me at the address listed above or email [bbbreezy3@gmail.com](mailto:bbbreezy3@gmail.com)  
or phone 609-672-8726 cell

Thank you very much in advance for your expediency in this matter. I need the amendment to the name in order to create a business account and pay my quarterly tax bill.

Sincerely,

A handwritten signature in black ink, appearing to read 'Beata M Browne', with a stylized, cursive script.

Beata M Browne

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B4 Design LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beata M Browne  
Name of Person  
B4 Design LLC  
Firm/Company  
2305 S. Thixton Ct.  
Address  
Tampa FL 33629  
City/State and Zip Code  
bbbreezy3@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beata M Browne at (609) 672-8726  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

B4 Design LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 2021 18<sup>th</sup> and assigned  
Florida document number 1.21000083220.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Bee4 Design LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

Same as previous

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

Same as previous

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, **Florida**

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee