

L21000220350

(Requestor's Name)

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3 BUSY BEES 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:

MARIA BRUNO

Name of Person

Firm/Company

1212 RAINTREE LANE

Address

WELLINGTON, FL 33414

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE CABRERA

561 434-4451
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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**

3 BUSY BEES 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 5/12/2021 and assigned
Florida document number L21000220350.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KELSIE N. BARNETT	16735 80TH ST. N.	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KRISANNE B BARNETT	16735 80TH ST. N.	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)





Dated OCTOBER 3 2022

Typed or printed name of signee

Doc ID: 9da132840ce5bdc66235c26ef6fde6f4a817e1759

TITLE	Articles of Amendment - 3 Busy Bees
FILE NAME	Invoice 13653.pdf and 2 others
DOCUMENT ID	9da132840ce5bd66235c26ef6fde6f4a817e1759
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	◦ Signed

Document History

 SENT	10 / 05 / 2022 09:27:47 UTC-4	Sent for signature to Maria Bruno (craftysparkle@yahoo.com) from hgholdaminsurance@gmail.com IP: 12.172.220.26
 VIEWED	10 / 05 / 2022 10:31:30 UTC-4	Viewed by Maria Bruno (craftysparkle@yahoo.com) IP: 99.68.182.144
 SIGNED	10 / 05 / 2022 10:38:45 UTC-4	Signed by Maria Bruno (craftysparkle@yahoo.com) IP: 99.68.182.144
 COMPLETED	10 / 05 / 2022 10:38:45 UTC-4	The document has been completed.