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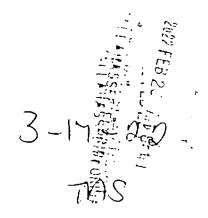
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LADYBEE CONNECTION 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:
Betsy Dicyoste Name of Person
LadyBee Convection LLC Firm/Company
980 NE Federal Huy Stello Address
Boca Baton FLorida 33 432
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (S61), 789 - 8258  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solutio
WAY.1:1DMEANS www.awayandmeans.com (800) 731-4258
Re; FOT DOTLENC Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lapy Bee Connection		- <del></del>
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number <u>L31000459935</u> .	were filed on 10123121	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LADYBEE Connection LLC		1 11
The new name must be distinguishable and contain the words "Limited Liabi		_
Enter new principal offices address, if applicable:	980 N Fede	eral Hwy
(Principal office address MUST BE A STREET ADDRESS)	St= 110	C) 20 da 2010
	10000 Karon	12 FOLLOW 23A29
		2022
Enter new mailing address, if applicable:		T IT
(Mailing address MAY BE A POST OFFICE BOX)		9- NO
B. If amending the registered agent and/or registered office	address on our records, <u>enter tl</u>	
agent and/or the new registered office address here:		As:
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐Change
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of finite:  If the date inserted in this block does not meet the applicable statute.	iling or more than 90 days afte		
cument's effective date on the Department of State's records.			n day after the
ecord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the carlier of: (	b) The 90th	r day unter the
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the carlier of: (	b) The 90th	i day unter unt
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.  Atted February 11th 3022.  Signature of a member or authorized representations.		b) The 90th	, any uncer mo