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COVER LETTER

	Registration Se Division of Cor							
SUD IEC	Busy Bees i	in Home Care						
SUBJEC	.1:	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
		Marie Kemly Percy						
			Name of Person					
		<u></u>	Firm/Company					
	301 w 22nd street							
		Riviera Beach Florida 334	04	(53				
		mariekemlypercy@yahoo.c	City/State and Zip Code om					
		E-mail address: (to be used for future annual report notification)						
For furth	er information c	oncerning this matter, please c	all:	AY O	.:			
Marie K	emly Percy		786 3391489 at ()	me Telephone Number 4	است لمسيد			
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed	l is a check for th	he 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

Busy Bees in Home Car (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 $\frac{01/28/2022}{1}$ ____ and assigned Florida document number 1.22000050561 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Busy Bees in Home Care, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 301 w 22nd Street Riviera Beach, FL 33404 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) 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

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.

City

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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