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22 APR 25 PM 1: 15

T. MATTHEWS
JUN 15 2022

COVER LETTER

Division of Cor	poracions		
SUBJECT: 3	2e Protected	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Done	Name of Person	
	Bee	Protected LLC Firm/Company	·
	189	14 Fairwood C	+
		npa FL 3366 City/State and Zip Code Orotected flogmo to be used for future annual report noti	
For further information c	oncerning this matter, please ca	all:	
Donna	Haller	at (<u>813</u>) <u>95</u> . Area Code Daytim	1 8471
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section

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 FILED STATE OF STATE OF

Bee Dontecto	1) / C 22 APR 25 PM 1: 15		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000135124</u> .	were filed on3 18 22 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:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." 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)	10006 Cross Creek Blvd Suite #154 Tampa, FL 33647		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Donna Haller	18914 Fairwood Ct	X Add
		Tanpa, FL 33647	□ Remove
			□Change
			□ Add
			Remove
			□Change
			DAdd
			□Remove
			□Change
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If an effective Note: If the	date, if other that we date is listed, the dathe date inserted in the 's effective date on	ate must be specific a this block does no	and cannot be prion of meet the appl	icable statutory	g or more than 90 da filing requireme	_(optional) ays after filing.) Purn nts, this date will	suant to 605.0207 (3 not be listed as th
e record sp	oecifies a delayed el	ffective date, but n	iot an effective	time, at 12:01:	a.m. on the earlic	r of: (b) The 90	h day after the
rd is filed.	1		. 202	2			
	4/20		7 / 18	7			
rd is filed. Dated	4/20	Signature of	10600) thorized represen	tative of a member		