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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Busy Bee Company, LLC SUBJECT: 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: Emily Koliyan Lucero Name of Person Firm/Company 6302 Bayhili Lane Address Longwood, FL 32779 City/State and Zip Code emmy.lucero@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emily Koliyan Lucero Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Busy Bee Company, LLC | | | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------|--|--|
| (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 | were filed on | and assigned | | |
| Florida document number 1.22000161789 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | lity company here: | | | |
| Busy Bee Company LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or t | he abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 122 Water Front Way | | | |
| Principal office address MUST BE A STREET ADDRESS) | Apt 330 | | | |
| | Altamonte Springs, FL 32701 | | | |
| | _ | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | | |
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| B. If amending the registered agent and/or registered office a | ddress on our records, enter the | name of the new regis | | |
| 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 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> | Type of Action |
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| an effective 'ote: If the | date is listed. date inserte | than the date the date must be s d in this block of the on the Depart | pecific and ca oes not mee | innot be prior to et the applical | o date of filing o ble statutory f | r more than 90 (| (optional) days after filing.) ents, this date | Pursuant to 605.020 will not be listed a |
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