## 422000224672

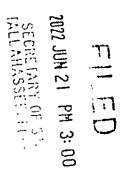
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
SEP 1 2 2022

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## **COVER LETTER**

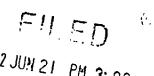
		ration Sec on of Corp		,		
	P:	HONE CA	SE BEE LLC			
SUBJEC	CT: _		Name of Lim	ited Liability Company	-	
The onel	locad A	rticlos at A	Amendment and fee(s) are sub	mitted for filing		
			idence concerning this matter	-		
			Jonas Nystrom			
				Name of Person	<del></del>	
			PHONE CASE BEE LLC			
				Firm/Company		
			39747 LAKE NORRIS RI			
	Address					
City/State and Zip Code						
			diverojay@gmail.com			
10 B 4				to be used for future annual report	notification)	
			ncerning this matter, please c			
Jonas Nystrom		352 589-7434 at () Area Code Day				
		Name of	Person	Area Code Day	rtime Telephone Number	
Enclosed	d is a cl	neck for the	e following amount:			
<b>\$25</b> .	.00 Fili	ng 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)	
		g Address tration S		Street Address Registration		
	-		orporations	Division of C		
		Box 6327			of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT





PHONE CASE BEE 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 Compar	ny were filed on 05/12/2022	and assigned
Florida document number 1.22000224672		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Jay DiVero LI.C		
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addre	
	, FI	orida Zip Code
New Registered Agent's Signature, if changing Registered Ager	·	гар сами
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity. I fu te performance of my duties, a s provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Remove
			Change
			□Add
			Remove
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(If an effec	te date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a not's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	14
Dated _	une 16 2022
Dated _	Jonas Pullama
Dated _	

Filing Fee: \$25.00