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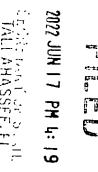
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## **COVER LETTER**

TO: Registration Section Division of Corpo	on rations		
	Bizz Bee LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	,
		Horaly Vila	eo5
		Name of Person	
		133	
		Firm/Company	llan.
	2054	Nisto Porkway Suit	<u> </u>
	West 1	City/State and Zip Code	5436
	admin	agethizzbee.com	
	E-mail address: (t	o be used for future annual repo	ort notification)
For further information co	ncerning this matter, please ca	all:	
Hordly VI	neus		162 - 3681
Name of	Person	Area Code I	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed)  \$60.00 Filing Fec.  Certificate of Status &  Certified Copy  (additional copy is enclosed)
Mailing Addres	<u>s:</u>	<u>Street Addı</u> Registrati	<u>ress:</u> on Section
Registration S Division of C	Section Corporations	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 17 PM 4: 19 Bizz Bee LLC Liability Company as it now appears on our records:) The Line of the Florida Limited Liability Company)

IALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 6/1/2022 Florida document number 122000251859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) admin@getbizzbee.com 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.

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 Type of Action **Address** Name Title Title 2054 Vista Parkway Suite 400 West Polm Beach, FL 85486 Jessica Raveld MGR □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove □Add ☐ Change ☐Change \_\_\_\_\_ □ Remove

□ Change

Samending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary	!.) 
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		ional)
Note. If the dective d	er than the date of filing:  6/13/2022 (option of the date of filing) (option to date of filing or more than 90 days after the date in this block does not meet the applicable statutory filing requirements, the date on the Department of State's records.	
	of corting time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
If the record specifies a del	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	
record is filed.		
	1262 12308 A	II Rights Reserved
Dated	- A 11 minut Pages	entative
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	Signature of a member or authorized representation	
	Hardly Dave Vilness Typed or printed name of signee	
	Typed or printed name of signee	