## L23000366196

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## **COVER LETTER**

то:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: BEE HAPP	PY KIDZ LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Janet Hidalgo		
		Name of Person	
	BEE HAPPY KIDZ LLC		
	- <del></del>	Firm/Company	<del></del>
	1793 West Hillsborough A	wenne	
		Address	
	Tampa, FL 33603		
	hidaha assauranya salam	City State and Zip Code	
	hidalgo.optometry'a aol.cor E-mail address: (	n to be used for future annual report noti:	tication)
For further information co	oncerning this matter, please ca	all:	
Janet Hidalgo		at (813 ) 485-3507 Area Code Daytime	
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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BEE HAPPY KIDZ LLC		2024 MOV ->
Name of the Lim	ted Liability Company as it now ag (A Florida Limited Liability Compa	opears on our records. All 9: 28
the Articles of Organization for this Limited I lorida document number <u>L23000366196</u>	iability Company were filed or	$iM \mapsto i$
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability compan	v here:
he new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u></u>	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office address.</li> </ol>	• •	ur records, enter the name of the new registe
Name of New Registered Agent:	JANCAR PARTNERS, LLC	a Florida LLC
New Registered Office Address:	8502 WOODALL CT	
	Enter	Florida street address
	Tampa	Florida 33615
	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 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
MGR	ODELYS MAYORAL	1793 West Hillsborough Avenue, Tampa, FL 33603	🗆 Add
			= Remove
			□Change
MGR	ODEN A MAYORAL	1793 West Hillsborough Avenue, Tampa, FL 3360	□Add
			= Remove
			Change
MGR	JANCAR PARTNERS, LLC	8502 WOODALL CT, TAMPA, FL 33615	= Add
			TRemove
			□Change
MGR	TANCAR PARTNERS, LLC	14104 OAKMANOR DR, TAMPA, FL 33624	<b>=</b> Add
			= Remove
			🗆 Change
			□Add
			Remove
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		<del></del>	= Remove
			□Chance

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	after th
ted November I 2024	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	_
Janet Hidalgo, manager for JANCAR PARTNERS, LLC	_

Filing Fee: \$25.00