L23000494854

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COVER LETTER

TO:	Registration Se Division of Cor	ction _. porat i ons	· · · · · · · · · · · · · · · · · · ·	•
	lazy bunny	lle		4
SUBJE	:ст:			
		Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ibrahim Mustafa		
			Name of Person	
			17. 10	
		4300) s Semoran blvd suite	Firm/Company	
			Address	
		orlando florida 32822		
		ibrahimmustafa82@yahoo.c	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information o	oncerning this matter, please c	all;	
Yanira i	ramirez		407 285 47 48	
	<u> </u>	C.D.	at ()	<u></u>
	Name o	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 25	5.00 Filing Fee	S30.00 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 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 OF

lazy bunny lle (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 Company were filed on October 30,2023 ____ and assigned Florida document number ______L23000494854 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLazy bunny lle 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) 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		<u></u>	□Change
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			□Change

fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The record 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 dis filed.		
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Signature of a member or authorized representative of a member	Dated	1/02/2023
Signature of a member or authorized representative of a member		1/2
,		Signature of a member or authorized representative of a member
Ibrahim Mustafa		1

EU: E 635.00

COVER LETTER

Division of Cor	rporations			
lazy bunny	llc			
SUBJECT:	_			
	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	ibrahim Mustafa			
		Name of Person		
		Firm/Company	-	
	4300 s Semoran blvd suite 110			
		Address		
	orlando florida 32822			
	ibrahimmustafa82@yahoo.co	City/State and Zip Code m		
	E-mail address: (to	be used for future annual report notif	fication)	
For further information of	concerning this matter, please cal	l:		
Yanira ramirez	,,	407 285 47 48		
		at ()		
Name o	f Person	Area Code Daytime	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