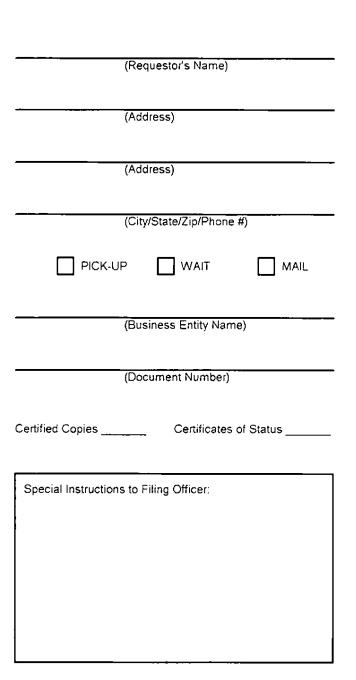
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co								
Lucy Bee, SUBJECT:	,uc							
Name of Limited Liability Company								
The enclosed Articles of	f Amendment and fec(s) are submitted for filing.							
Please return all correspond	condence concerning this matter to the following:							
	Michael E. Steuer, CPA							
	Name of Person							
	Steuer & Co, CPA							
	Firm/Company							
	1000 S. Belcher Rd, Ste 7							
	Address							
	Largo, Fl 33771							
	City/State and Zip Code mike@mikethecpa.com							
For further information of	E-mail address: (to be used for future annual report notification) concerning this matter, please call:							
Luigi Del Basso	727 412-0898							
Name o	of Person Area Code Daytime Telephone Number							
Enclosed is a check for t	the following amount:							
當 \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	stus &						

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

Lucy Bee, LLC					
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our red Liability Company)	tords.)		
The Articles of Organization for this Limited	Liability Compan	y were filed on January 12, 26	224 and assigned		
Florida document number L24000027115	······································				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company bere:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "I	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	1000 S. Belcher Rd, Ste 7			
(Principal office address MUST BE A STRE	ET ADDRESS)	Largo, Fl 33771	2024		
Enter new mailing address, if applicable:		1000 S. Belcher Rd, Ste 7	C AY 14		
(Mailing address MAY BE A POST OFFICE BOX)		Largo, Fl 33771	Si 2 1		
			To E		
			AIE 5		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office : :ss here:	address on our records, <u>ent</u>	ter the name of the new registere		
Name of New Registered Agent:	Michael E. Ster	iet, CPA			
New Registered Office Address: 1000 S. Belcher Rd, Ste 7					
ALL AND MAKE AND	 -	Enter Florida street add	lress .		
	Largo		Florida 33771		
		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 a or removed from our records:						
MGR= M NMBR= A	anager uthorized Memb e r					
<u>litle</u>	<u>Name</u>	Address	Type of Action			
		 	□Add			
			□ Reтюче			
			□Change			
						
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			□Remove			
			□Change			
			□ Add			
			□Remove			
			□ Change			
	***	<u> </u>				

Remove

Change

Effective date, if other than the date of filing:					
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 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the distribution of the file of the state of the state of the earlier of the state of the					
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Jack Buckingham, Member	faul Double 1				
		i yped or pri	nted name of signee		

Filing Fee: \$25.00