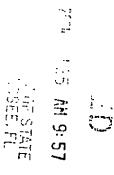
## L24000030023

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

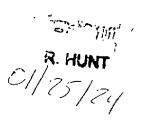
Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BUSY BEE DINER 1, LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Stof/	Art of Inc. File
	LTD Parmership File
	Foreign Corp. File
	I C File
	Fictitious Name File
	Trade/Service Mark 22
	Merger File 1960
	Art. of Amend. File 5
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SN	UCC 1 or 3 File
Name Date Time	UCC 11 Search
:	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## COVER LETTER

TO: Registration Division of C					
Busy Bec	Diner 1, LLC				
	Name of L	Imited Liability Company			
The enclosed Articles	of Amendment and fee(s) are st	ibmitted for filing.			
	pondence concerning this matte				
	Pantelis Papaioannou				
		Name of Person			
	Busy Bee 1 Diner LLC				
	-	Firm/Company	•		
	2670 Aster Dr.				
		Address			
	Palm Harbor, FL 34684			22 SE	
	petepapaioannou@aol.com	City/State and Zip Code			Kn yr 5
Park to the control		(to be used for future annual report noti	fication)		7
Pantelis Papaioannou	concerning this matter, please	551 795-0068			
Name	of Person	at () Area Code Daytim	e Telephone Number	-	
Enclosed is a check for	the following amount:				
525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassce, I	Section Porporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Busy Bee Diner 1, LLC

(Name of the Lim	ted Liability Compa (A Florida Limited	ny as it now appear liability Compony)	s on our records.)	<u></u>
The Articles of Organization for this Limited 1				and assigned
Florida document number L24000030023				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	lity company he	<u>re</u> :	
Busy Bee Diner, LLC				
The new name must be distinguishable and contain the	words "Limited Linbil	ty Company," life de	rignation "LLC" or the abbri	visition 7-1.C.
Enter new principal offices address, if applic	cable:	N/A		
Principal office address MUST BE A STREE				
	<del> </del>			
		<del></del> ::		<del></del>
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:	idress on our rec	ords, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	19/M			
New Registered Office Address:		a		
		Enter Florida	street address	
•				
		City	•	ир Сове
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete p tered agent as pr egistered office a	erformance of my ovided for in Cha	duties, and I am fami apter 605, F.S. Or, if th	liar with and his document is
	If Changle	og Registered Agent	Signature of New Register	red Apent

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 Title Name Address Type of Action □ Add □ Remove □Add □Remove Change □Add: Remove  $\vec{I}$ Chapse ف S □Add □Remove \_\_ Change Remove \_ 🗆 Change DAdd \_\_ ORensove \_\_\_\_\_ Change

Ν	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.) (A		
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ctive e/Tect	date, if other than the date of filing: (optional) ive 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	***	
<u>e:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	:0201 (3)(6) :d <b>as</b> the	
imen	's effective date on the Department of State's records.		
ord e	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after		
filod.	were a delayed encestre date, but not an effective diffe, at 12.01 a.m. of the cuttlet of: (b) I he your day after	the	
_			
d	nunry 23, 2024		
	Signature of a member or authorized representative of a member		