L09000068902

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eun iez		BEE POLINATION,LLC		
SUBJE	u:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ESTHER SANTANA		
			Name of Person	
		SANTANA BEE POLINA	TION.LLC	
7			Firm/Company	
		1327 NE 6 PL.		
			Address	
		CAPE CORAL, FL. 33909	ı	
			City/State and Zip Code	
		HERBERT1873@GMAIL.		
For furti	ner information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notificall:	cauon)
RON FI			813 495-1088 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d 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 ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTANA BEE POLINATION, LLC (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 $\frac{07/16/2009}{1}$ _____ and assigned Florida document number L09000068902 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SANTANA BEE DISTRIBUTION, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1327 NE 6 PL. Enter new principal offices address, if applicable: CAPE CORAL, FL. 33909 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: ELIZABETH SANTANA Name of New Registered Agent: 1327 NE 6 PL. New Registered Office Address: Enter Florida street address . Florida 33909 Zip Code **CAPE CORAL**

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.

City

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>	<u>Address</u>	Type of Action
MGR	ELIZABETH SANTANA	1327 NE 6 PL. CAPE CORAL, FL	
			□ Remove
			☐ Change
AM	HERBERTO SANTANA	1327 NE 6 PL, CAPE CORAL, FL.	Add
,			П Rеточе
			☐ Change
MGR	ESTHER SANTANA	1327 NE 6 PL. CAPE CORAL FL.	□ Add
			■ Remove
			☐ Change
			C) Add US
			Charges
		······································	Remove
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ective date, if other than the date of effective date is listed, the date must be ter. If the date inserted in this block turnent's effective date on the Department's effective date on the Department's	specific and cannot does not meet the	ne applicabl				g.) Pursu		
record specifies a delayed e he 90th day after the record		but not a	n effective	time, at 12	2:01 a.m	. on th	e earl	lier
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