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EXAMINER

COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Honey Bee FarMers Market LLC Name of Limited Liability Company | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| | | | | |
| Gueit Pruett Name of Person HoneyBee Farmers Market LLC Firm/Company | | | | |
| | | | | |
| HoneyBee Farmers Market LLC Firm/Company | | | | |
| 8128 Old CR 54 Address | | | | |
| NewPort Richey Fl. 34653 City/State and Bio-Code | | | | |
| NewPort Richey Fl. 34653 City/State and Eige code HoneyBFM @ Yahoo. COM E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| For further information concerning this matter, please call: August Pruett Area Code & Daytime Telephone Number Content of Person Content | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | |
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| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$60.00 Filing Fee, \text{Certified of Status & Certified Copy} \\ \text{(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

| Honey Bee, Faer | ners Market, | LLC |
|--|--|--------------------------------------|
| | y Company as it now appears on our a Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability of Florida document number 40900/19/4 | Company were filed on $\frac{2/15}{2}$. | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the de | esignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 10 SEC |
| (Principal office address MUST BE A STREET ADD | RESS) | ₹ <u>6</u> % 11 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PHE 28 ARY OF STATE SSEE. FLORIDA |
| B. If amending the registered agent and/or regi- registered agent and/or the new registered office ad | | ds, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florid | a street address |
| | | Florida |
| | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Address Type of Action** <u>Name</u> MGRM Marian Kalenda 8610 New, MGRM Christiner Kalenda 8610 ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Gueit M. Pruett (Registered Agent)

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00