

#L 10000027884

LEVINGS FOREST PRODUCTS, INC.

P. O. BOX 2758
LAKE CITY, FLORIDA 32056-2758

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

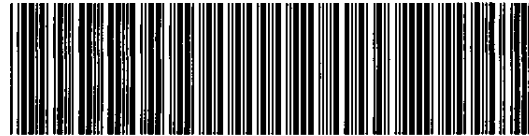
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
11 SEP 19 PM 1:41
OFFICE OF STATE
CLERK, FLORIDA

K. SALLY
EXAMINER

SEP 20 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2011

LEVINGS FOREST PRODUCTS, INC.
P.O. BOX 2758
LAKE CITY, FL 32056-2758

SUBJECT: LIVINGS FOREST PRODUCTS, INC.
Ref. Number: W11000044986

We have received your document for LIVINGS FOREST PRODUCTS, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received an incomplete form. What company are you trying to amend?

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 511A00020210

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Levings Honey Bees 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:

Albert S. Levings III
Name of Person

Levings Honey Bees LLC
Firm/Company

P.O. Box 2758
Address

Lake City FL 32056
City/State and Zip Code

gatorlevings@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Al Levings at (386) 397-5205
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

FILED
11 SEP 19 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Levings Honey Bee, 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 3/11/10 and assigned
Florida document number L10000027884.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

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

_____, 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

Levings Honey Bees, LLC

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Albert S. Levings, Jr	619 NW Railroad St. Lake City FL 32055	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Albert S. Levings, III	P.O Box 2758 Lake City FL 32056	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9-12-11



Signature of a member or authorized representative of a member

Albert S. Levings, III

Typed or printed name of signee