L100000088890

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(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

[₁]

J. BBYA Your

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2010

SAMANTHA J DOLAN FRANKY BEAS BUZZING BEAHIVE L.L.C. 2303 1ST ST E BRADENTON, FL 34208

SUBJECT: FRANKY BEAS BUZZING BEAHIVE L.L.C.

Ref. Number: L10000088890

or state

We have received your document for FRANKY BEAS BUZZING BEAHIVE L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 310A00026470

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Franky BEAS Buzzing BEAhive 1.1 Grown Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Deborah Bellville Name of Person							
Franky BERS BUZZING BEAHIVELLC							
2303 15t St Fast							
Bradenton FL 34208 City/State and Zip Code The box 431 @ MSN. COM E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Deborah Bellville at (941) 345 - 6936 Name of Person at (941) Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$30.00 Filing Fee & Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 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

Franky BE	AS BU	122,No	BEALIX	e L.L.C	
(Name of the Limite	A Florida Limited L	iability Compa	pears on our records.) my)		
The Articles of Organization for this Limited I. Florida document number	Liability Company	were filed on	8/24/10	and assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company	<u>here</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Co	ompany," the designatio	n "LLC" or the abb	 reviation
Enter new principal offices address, if appli	cable:			NEC:	autim pairent
(Principal office address MUST BE A STRE	ET ADDRESS)			HE S	\$1.4 ************************************
				SSE 9	
				E PR	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)			REP. 55	<u></u>
B. If amending the registered agent and registered agent and/or the new registered of			on our records, <u>ente</u>	er the name of	the new
Name of New Registered Agent:	Dabo	orah_	Bellville		
New Registered Office Address:	1308	1114	5+ W.		
		`	Enter Florida street d	address	
	Frade	nton	, Florida		2_
	.	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							
<u>Title</u>	Name	Address	Type of Action				
MGR	Samantha Dolan	2318 174 AVE. W Brodenton, Fr 34205	Add Remove				
MGR	Wardy Follville	520 23rd 54 W Bradenton, FL 34205	Adti Remove				
MGR	Samantha Samuels	4909 37th St. E. 34203	Add Remove				
			Add Remove				
			Add Remove				
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	OF P				
			STATE STATE				
Dated	Deborah B	authorized representative of a member	<u>,</u>				

Page 2 of 2

Filing Fee: \$25.00