

L11000018795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

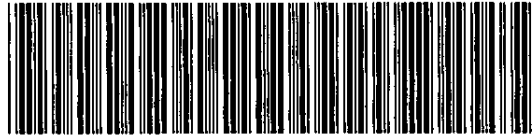
(Business Entity Name)

(Document Number)

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2012 MAY 23 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*W12-26838*

J. BRYAN

MAY 24 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SweetBee Honey Farm 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:

Colby Shame Sadler  
Name of Person

SweetBee Honey Farm LLC  
Firm/Company

9340 Hall Road  
Address

Lakeland, FL 33809  
City/State and Zip Code

sadler\_colby@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colby Sadler at ( 863 ) 860-8020  
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

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2012 MAY 23 PM 2:50  
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2012

COLBY SHANE SADLER  
SWEETBEE HONEY FARM LLC  
9340 HALL ROAD  
LAKELAND, FL 33809

SUBJECT: SWEETBEE HONEY FARM, LLC  
Ref. Number: L11000018795

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TALLAHASSEE, FLORIDA

We have received your document for SWEETBEE HONEY FARM, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 812A00014338

COPY

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SweetBee Honey Farm 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 02-14-2011 and assigned Florida document number L11000018795

This amendment is submitted to amend the following:

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

Sadler Honey Farm LLC

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)**

N/A

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

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**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:

N/A

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

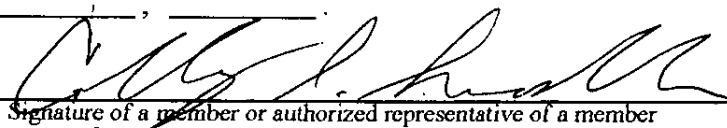
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Colby S. Sadler - Owner

Typed or printed name of signee