L11000018795

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Office Use Only



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

12-24838

J. BRYAN

MAY 24 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SweetBoe Honey Farm LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	T SECTION TO
Please return all correspondence concerning this matter to the following:	題 7 元
Colby Shame Sadler Name of Person	TALLAHASSEE, FLORIDA
SweetBee Honey Farm LLC Firm/Company	
9340 Hall Road Address	
Laxeland, FL 33809 City/State and Zip Code	
Sadler_colby Q yahoo.com E-mail address: (to be used for future annual report notif	fication)
For further information concerning this matter, please call:	
Colby Sodler at (863) 860 - 80 Name of Person Area Code & Daytim	ne Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee \$Certified Copy (additional copy is enclosed)	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



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

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.

Letter Number: 8127

Joey Bryan Regulatory Specialist II MY 23 PM 2:50

ARTICLES OF AMENDMENT FO ARTICLES OF ORGANIZATION OF

Sweet Bee Honey Fay (Name of the Limited Liability Compan (A Florida Limited Li	M LLC IV as it now appears on our ability Company)	· records.)
The Articles of Organization for this Limited Liability Company	were filed on 02-14	1 - ZOII and assigned
Florida document number <u>L11000018795</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	•
Sadler Honey From LLC The new name must be distinguishable and end with the words "Limite"		
The new name must be distinguishable and end with the words "Limite L.L.C."	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	T SE T
(Principal office address MUST BE A STREET ADDRESS)		CR H
		23 1
Enter new mailing address, if applicable:	N/A	FIG. 22
(Mailing address MAY BE A POST OFFICE BOX)		5
		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da 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

GR = M GRM =	anager Managing Member	•	
<u>lle</u>	<u>Name</u>	Address	Type of Action
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lf amen	ding any other infor	mation, enter change(s) here: (Attach additional	sheets, if necessary.)
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ed	•		
		signature of a member or authorized representative of	

Page 2 of 2

Filing Fee: \$25.00