

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TIMELINE BUSINESS CENTER LLC
Account Number : I20150000034
Phone : (239)344-7417
Fax Number : (888)344-7262

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEE QUEEN BEE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 DEC 13 PM 3:11

FILED
2018 DEC 13 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEE QUEEN 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 05/15/2012 and assigned
Florida document number L12000065132

This amendment is submitted to amend the following:

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

HONEY BEE FLORA LLC

The new name must be distinguishable and contain 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**)

Enter new mailing address, if applicable:

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

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CLERK OF CIRCUIT COURT

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

City, Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIA SILVEIRA	5596 MONTILLA DR.	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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Dated 12/13 _____, 2018

Chaitin

Signature of a member or authorized representative of a member

CLAUDIA SILVEIRA

Typed or printed name of signer

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2010 DEC 13 AM 10:48
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FALLS CHURCH, VIRGINIA