

13000080402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

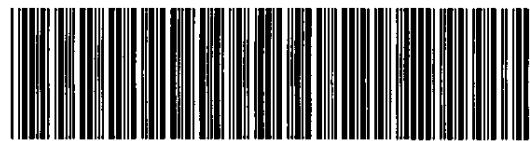
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



800265172608

10/09/14--01017--028 \*\*35.00

FILED  
14 NOV -4 PM 6:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Bee Creative Gifts 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:

Brad Bird

Name of Person

Bee Creative Gifts LLC

Firm/Company

12605 NW 115<sup>th</sup> Ave # B-106

Address

Medley FL 33178

City/State and Zip Code

BeeCreativeGifts@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Bird

Name of Person

at 954 816-4449

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy<br>(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**

October 15, 2014

BRAD BIRD  
3816 SW 50TH STREET  
FORT LAUDERDALE, FL 33312

**SUBJECT: BEE CREATIVE GIFTS LLC**  
Ref. Number: L13000080402

We have received your document for BEE CREATIVE GIFTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 514A00022104

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Bee Creative Gifts LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

14 NOV 4 PM 4:25  
FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
RECEIVED

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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)

Bee Creative Gfts LLC  
12605 NW 115<sup>th</sup> Ave # B-106  
Medley, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Bee Creative Gifts LLC  
12605 NW 115<sup>th</sup> Ave # B-106  
Medley, FL 33178

**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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
TS	<u>Mitchell Ross</u>	<u>10740 Santa Fe Dr.</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

Add

14 NOV -4 PM 4:25  
REMOVED  
TAB  
CORE TERRY U. STATE  
LAHASSEE FLORIDA

卷之三

□ Add

Remove

Add

Remove

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

---

---

---

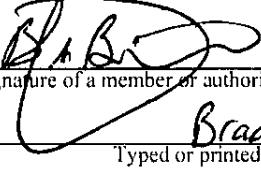
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Bradford M. Bird

Typed or printed name of signee

FILED  
14 NOV -4 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00