(Requ	estor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			,	
etib ii	J & K BEE	S LLC			
SUBJE	sC1:	Name of Lim	nited Liability Company		
		Amendment and fee(s) are sub	_		
Please	return all correspo	ondence concerning this matter	to the following:		
		YUANDRY DUMENIGO)		
			Name of Person	·····	
		J & K BEE LLC		16 F	
			Firm/Company	EB	
		130 STETSON ST		16 FEB 25 PM	
			Address		
		LEHIGH ACRES, FL 339	36	8: 49	
		LADYDI5460@AOL.COM	City/State and Zip Code		
For fur	ther information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	fication)	
	DRY DUMENIG		239 672-0940		
		f Person	at ()	e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

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

J & K BEES LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/23/2015	and assigned
Florida document number L15000033847	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16 ACL
(Principal office address MUST BE A STREET ADDI	RESS)	FEB AIII
2. mega entre ann ess mest Bent Biller, mest		3) A S S
		70 ,50
Enter new mailing address, if applicable:		ထ 🗄
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		enter the name of the no
registered agent and/or the new registered office add Name of New Registered Agent:		enter the name of the no
registered agent and/or the new registered office add		enter the name of the no
registered agent and/or the new registered office add Name of New Registered Agent:	lress here:	

1

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>	Type of Action
MGR	YUANDRY DUMENIGO	130 STETSON ST	Add
		LEHIGH ACRES, FL 33936	□ Remove
			☐ Change
			Add
			□ Remove
			16 EE B 25 PH 8: 49
			25 R
			PH ?
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

'A MISTAKE ON THE NAME OF THIS PERSON : INCORRECT : YUAN	IDRY CARIDAD DUMENIGO
CORRECT : YUANDRY DUMENIGO.	
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	FEB
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ctive date, if other than the date of filing:	
ument's effective date on the Department of State's records.	grequitettes, this date will not be listed
	inner at 13,01 a me on the applica
ecord specifies a delayed effective date, but not an effective t ne 90th day after the record is filed.	inie, at 12.01 a.m. on the earner
FEBRUARY 19TH 2016	
rd FEBRUARY 19TH 2016	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00