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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	American Api Name of Lin	aries LLC nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Americ 4870 1 Royalfalm	Name of Person Gn Apiaries LLC Firm/Company 29 th Ave N. Address Blach, FL 33411 City/State and Zip Code 123 A gmail.com (to be used for future annual report notif	7011
For further information	E-mail address (concerning this matter, please c	•	CRETARY OF ANY OF
_		at (561) 723-3 Area Code Daytime	3170 Residence Number 29
Enclosed is a check for	-	•	
\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)
•
y were filed on $12/08/2015$ and assigned
bility company here:
oility Company," the designation "LLC" or the abbreviation "L.L.C."
200 MAY 1
P F STATE OR
office address on our records, enter the name of the re:
Enter Florida street address
, Florida

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 = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
4 <u>MBR</u>	Joseph McCoy	4870 129 th Ave N Royal Palm B	ent, Flat Add
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fan effective date <u>Note:</u> If the dat	if other than the e is listed, the date must te inserted in this bl ective date on the D	t be specific and c ock does not me	et the applicable	ate of filing or more th	ian 90 days afte	i onal) r filing.) I is date w	Pursuant to	o 605.020° e listed as
e record spe The 90th di	ecifies a delayed ay after the rec	l effective da ord is filed.	te, but not a	n effective time	, at 12:01	a.m. o	n the e	arlier o
Dated	May		2016					
	g	My Signature of a mo	ember or authorize	d representative of a	member			
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		eph McC	y	me of signee				_

Page 3 of 3

Filing Fee: \$25.00

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Dated	JAKO,	a member or authorized reas	esentative of a member		
	Joseph	M ^C (6 y	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00