

L17000068571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

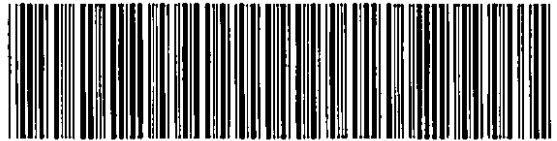
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W18-77064

Office Use Only



500316855845

08/13/18--01025--005 **25.00

FILED
2018 AUG 27 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRUCE
AUG 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Happy Hive, 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:

Tracy Cook
Name of Person

Honey Bee BBA & Concessions, LLC
Firm/Company

3138 Sandy Ridge Dr.
Address

Cleewater FL 33761
City/State and Zip Code

Cookie3138@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Cook at (727) 415-1680
Name of Person Area Code Daytime Telephone Number

FILED
2010 AUG 27 PM 2:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
PAID
8/15/18
- ☐ \$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

Happy Hive, LLC
(Name of the Limited Liability Company as it now exists)
(A Florida Limited Liability Company)

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 AUG 27 PM 2:49
 SECRETARY OF STATE
 MAIL ROOM

FILED

SEAL OF THE
STATE OF FLORIDA
TALLAHASSEE

ST. LOUIS, MISSOURI

2018 AUG 27 PM 2:49

77

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8-27-18

Signature of a member or authorized representative of a member

Tracy Cook
Typed or printed name of signer