117000207882

(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:

Office Use Only



900304903629

10/26/17--01016--007 **25.00

2017 OCT 26 MH 11:51

K. SALY OCT 27 2017

COVER LETTER

	gistration Sec dision of Corp			
SUBJECT:		hern Bees, LLC		ı
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Summer L. McLaughlin		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Grunder & Petteway, P.A.		1
			Firm/Company	
		23349 NW CR 236, Ste. 10	0	•
			Address	
		High Springs, FL 32643		
			City/State and Zip Code	
		summermelaughlin@grund	· ·	
For further is	nformation co	ncerning this matter, please ca	to be used for future annual report notifi all:	cation)
Summer L.	McLaughlin		386 454-1298 x 2	23
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 H	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

201700726 AK11:51

Zip Code

Simply Southern Bees, 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 10/09/2017 and assigned

Florida document number 1.17000207882

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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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)

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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	<u>Type of Action</u>
AMBR	Sharyl A. Ellison	PO Box 1437	
		Newberry, FL 32669	■ Remove
			
			□ Remove
			☐ Change
			□ Add
			- Keifieke
			Change SAdd S
			☐ Change
			□ Add
			Change
			
			□ Remove
			□ Change

			
			<u> </u>
			
	 		
			一种黄
			7
			36.
			70
		<u>-</u>	
			·
		-	
			1
			
ctive date, if other than the date effective date is listed, the date must be seed If the date inserted in this block doment's effective date on the Depart	pecific and cannot be prior to date of fili loes not meet the applicable statuto	(optional ng or more than 90 days after filing ry filing requirements, this date	t.) Pursuant to 605.020
ecord specifies a delayed eff ne 90th day after the record	ective date, but not an effec is filed.	tive time, at 12:01 a.m.	on the earlier
October _ Q	2017		
d onose.	101-		<u>.</u>
1 Smah 1/2	llism		ì
120000	ature of a member or authorized representation	intutiva of a mampa	

Page 3 of 3

Filing Fee: \$25.00