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2018 MAR TO PM 3: 4.2 SECRETARY OF STATE

MR 19 2ME J. HARRIS

## **COVER LETTER**

Division of Corporations
SUBJECT: Queen Bees Produce Market 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:
Teresa Hazy Name of Person
Queen Bee's Produce Market
14/4 16th Street
Vero Beach, FL 32960  City/State and Zip Code
Vero Beach, FL 32960  City/State and Zip Code  Queen bees market oyahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Tenesa Huzy at 772 4/10 - 9422  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

Queen Bee's (Name of the Limited Liabil) (A Florid	Produce  ity Company as it now a Limited Liability Con	Market L appears on our records.)	LC_	
The Articles of Organization for this Limited Liability of Florida document number <u>L 18 6600 03 223</u>	Company were filed	on January 4,	2018 and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability comp	any here:		
The new name must be distinguishable and contain the words "Line Enter new principal offices address, if applicable:	<del></del>	y," the designation "LLC" or t	the abbreviation "I	L.C."
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>		SEC	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			CAETARY OF STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ess on our records, <u>er</u>	nter the name	of the new
Name of New Registered Agent:  New Registered Office Address:	Teresa 14 16 th Gro Beach	Hazy Street  ater Florida street address  , Florida	a 329 Zip Code	60

## 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 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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Luciano Pisciotta	G202 E. Seminole Rd Ft, Pierce, FL34951	
		Pt, Pierce, FL34951	Remove
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n effective date ote: If the date cument's effective record spe	is listed, the date must be specific a e inserted in this block does no ctive date on the Department o	e date, but not an effective	or more than 90 days after fil iling requirements, this d	ing.) Pursuan ate will not	be listed
ted M	and 15	<u>2018</u> .		-4 >> <i>G</i> :	2010
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		a member or authorized representa	nive of a member	HAS	AK .
	Teresa	Hazy		SEE	9
		Typed or printed name of signe	e	FL S	3
				STATE BRIDA	မှာ နှာ
		Page 3 of 3		₽m .	Die .

Filing Fee: \$25.00