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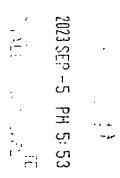
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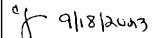
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COVER LETTER

| TO: | | | , | |
|------------|-------------------------------|--|-------------------------|--|
| , SUBJI | ECT: Sweet Bees | , LLC, a Florida limited liabili | ty company | |
| COBO | | Name of Lim | ited Liability Company | |
| The en | nclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Maxwell D. F. Goodacre | | |
| | | | Name of Person | |
| | | Sweet Bees, LLC | | |
| | | 1 . | Firm/Company | |
| | | 860 19th St SW | | |
| | | Sweet Bees, LLC, a Florida limited liability company Name of Limited Liability Company | | |
| | | Naples, FL 34117 | | |
| | | | City/State and Zip Code | |
| | | | | |
| For fu | rther information co | | • | tification) |
| Maxw | ell D. F. Goodacre | | at (239) 200-2596 | |
| | Name of | f Person | Area Code Daytit | ne Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| ■ \$3 | 25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Addres Registration 5 | | | ection |
| | Division of C | orporations | Division of Co | orporations |
| | P.O. Box 632 Tallahassee F | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -5 PM 5: 53 Sweet Bees, LLC, a Florida limited Hability company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) i LL The Articles of Organization for this Limited Liability Company were filed on January 28, 2020 Florida document number <u>L20000024592</u> 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: 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.

Cirv

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 | Type of Action |
|--------------|-----------------------|----------------------------------|-----------------|
| AMBR_ | Jennifer A. Goodacre | 860 19th St SW, Naples, FL 34117 | □Add |
| | | | ≣ Remove |
| | | | □Change |
| MGR | Maxwell D.F. Goodacre | 860 19th St SW, Naples, FL 34117 | = Add |
| | | | □Remove |
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| lf an eft | ive date, if other than the date of filing: | 5,0207 |
| <u>Note:</u> docum | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records. | ted as |
| e recor rd is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered. | er the |
| Dated | August 30 2023 | |
| | | |

Jennifer A. Goodacre
Typed or printed name of signee

Maxwell D.F. Goodacre