

L20 000 112920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

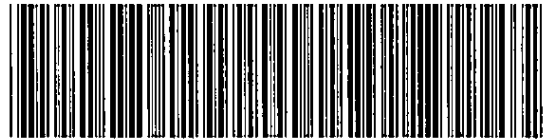
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT - 8 PM 12:33

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OCT 19 2020
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OCT 19 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

20200903 10:07:50

September 3, 2020

GAIL HAMILTON
BEE CONNECTED, LLC
6001 ARGYLE FOREST BLVD STE 21-303
JACKSONVILLE, FL 32244

SUBJECT: BEE CONNECTED, LLC
Ref. Number: L20000112920

We have received your document for BEE CONNECTED, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 920A00016987

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bee Connected 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:

Dr. Gail Hamilton
Name of Person

Bee Connected LLC
Firm/Company

6001 Argyle Forest Blvd, Suite 21-303
Address

Jacksonville, FL 32244
City/State and Zip Code

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

For further information concerning this matter, please call:

Gail Hamilton at 337 578 7885
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bee Connected 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 April 27, 2020 and assigned
Florida document number L20000112920

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)

8704 Greatpine Lane West
Jacksonville, FL 32244

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:

8704 Greatpine Lane West
Enter Florida street address
Jacksonville, Florida 32244
City Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Gail Hamilton</u>	<u>8704 Greatpine Lane West</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32244</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Donielle Davis</u>	<u>8704 Greatpine Lane West</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville FL 32244</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Dean Davis</u>	<u>8704 Greatpine Lane West</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville FL 32244</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: In original Filing

Gail Hamilton was listed as President

This is being changed to Manager (MGR)

Donielle Davis was listed as VP (Vice President)

This is being changed to AMBR (Authorized Member)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Oct 4 2020

Gail Hamilton

Signature of a member or authorized representative of a member

Gail Hamilton

Typed or printed name of signee