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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			· .
DA BEE'S	KNEES LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RYAN R OSTRIHONSKY		
		Name of Person	
		Firm/Company	
	228 HANGING MOSS DE	, ,	
		Address	
	OVIEDO FL 32765		
	DABEESKNEESHONEY@	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information c	concerning this matter, please c	all:	
RYAN R OSTRIHONSI	KY .	808 319-0880	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ection
Registration ! Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	-
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	<u>ds.</u>)
were filed on 01/15/2021	and assigned
oility company here:	
ility Company," the designation "LLC	" or the abbreviation "L.L.C."
N/A	
	, <u>.</u>
N/A	5
	- #
	
address on our records, <u>enter</u>	the name of the new registe
Enter Florida street addres	ss
151	
Cuy	lorida
	were filed on 01/15/2021 bility company here: lity Company," the designation "LLC N/A N/A N/A Enter Florida street addres., F1

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>	Name	Address	Type of Action
MGR	NATHAN L RISH	429 OLD TRANSFER ROAD	□Add
		WEWAHITC IIKA FL 32465	■Remove
			Change
MGR	RYAN R OSTRIHONSKY	228 HANGING MOSS DRIVE	■Add
		OVIEDO FL 32765	□Remove
			□Change
			DAdd
			☐Remove
			□Add c3 □Remove
			□Remove
			□ Add
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fective date if other than t	JU! he date of filing:	LY 13, 2021		(ontional)
fective date, if other than the effective date is listed, the date in	ust be specific and canno	t be prior to date of	filing or more than 90 day	rs after filing.) Pursuant to 605.03
ote: If the date inserted in this cument's effective date on the	Department of State's	ie applicable statu records.	tory ming requiremen	ts, this date will not be disted
ecord specifies a delayed effect	ive date, but not an eff	fective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day after t
is filed.				
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ted JULY 13				
han	7			

Filing Fee: \$25.00