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(Requestor's Name)
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2021 DEC 15 AS TO

COVER LETTER

Golden Bee			
SUBJECT:	Name of I mot	ed Liability Company	
The analogue Artislas of	Amendment and fee(s) are subm	nust tertilm	
	onderice concerning this matter to		
riease return an correspo	mater to	The town high	
	Mercedes Guzman		
		Name of Person	_
	Golden Bee Farm LLC		
		Firm Compans	_
	18407 sw 154 st		
		Address	_
	Miami Fl/33187		
		City State and Zip Code	_
	mgs20012011(a yahoo.com		
		be used for future annual report notification)	202 S.J
_	concerning this matter, please 📣		2021 DEC 16 \$153555
Mercedes Gurama Gu		786 7090783 41 ()	
Name c	of Person	Area Code Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for t	•		내용 그
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		ate of Status &
		(additional copy is enclosed) Certified (additional copy is enclosed)	3 Copy il copy is enclosed)
		₽ 	
Mailing Addres	<u> </u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

Golden Bee Farm 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 $\frac{07/06/2021}{}$ and assigned Florida document number 1.21000307423 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. I inneed Fianthy 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

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

stered 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>	Type of Action
MGR	Daniela Guzman		
		14311 sw 187 ave Miami Fl 33196	■Remove
		<u> </u>	□Add
		···	
			□Change
			□Remove
]Change
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			□Change

	Signature of a member of au	thorized representative of	a member	
Dated December 09	2021	_		
the record specifies a delayed effective cord is filed.	edate, but not an effective	time at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the app l	heable statutory filing r	equirements, this date wil	I not be listed as th
Effective date, if other than the of (If an effective date is listed, the date must	date of filing:		(optional)	1500 AND 150 AND 100 AND 1
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