

K21000459197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

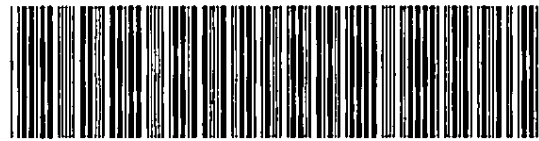
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300376287473

11/12/21 - 01012 - 001 \$425.00

21 NOV 12 PM 3:30

T. MATTHEWS

NOV 29 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southern Cross Bee Services 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:

Robin Behrens, Office Manager
Name of Person
Southern Cross Bee Services LLC
Firm/Company
1262 Laurel Drive
Address
N. Ft. Myers, FL 33917
City/State and Zip Code
robin@southernxcontracting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Behrens 239 997-0103
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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**

21 NOV 12 PM 3:30

Southern Cross Bee Services, 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 October 21, 2021 and assigned
Florida document number L21000459197.

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 "L.L.C."

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:

Dawn Miller

New Registered Office Address:

1262 Laurel Drive

Enter Florida street address

N. Ft. Myers

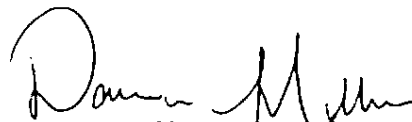
Florida 33917

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

21 NOV 12 PM 3:30

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dustin Miller	1262 Laurel Drive	<input type="checkbox"/> Add
		N. Ft. Myers FL 33917	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Noah Kibbe	1262 Laurel Drive	<input type="checkbox"/> Add
		N. Ft Myers FL 33917	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dawn Miller	16255 Horizon Road	<input checked="" type="checkbox"/> Add
		N. Ft Myers 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Barde	836 SE 9th Terrace	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 NOV 12 PM 3:30

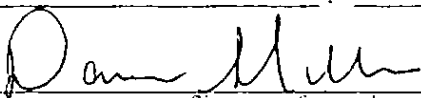
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 November 8 2021



Signature of a member or authorized representative of a member

Dawn Miller

Typed or printed name of signee