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COVER LETTER

TO: Registration Section **Division of Corporations** Killer Bees South Florida LLC SUBJECT: 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: Jennifer Izaguure Name of Person Killer Bees South Florida LLC Firn/Company 10381 NW 42nd Drive Address Coral Springs, FL 33065 City/State and Zip Code killerbees.southflorida@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Izaguirre Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, ☐ \$55,00 Filing Fee & ☐ \$30.00 Filing Fee & . \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Killer Bees South Florida LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our recor- liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^21000522314}{L^21000522314}$.	were filed on 12/10/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5272 N University Dr	
(Principal office address MUST BE A STREET ADDRESS)	Lauderhill, FL 33351	75 SE 2822
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		E TARY OF STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	1.	Torida
	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>	Address	Type of Action
MGR	Andres Mahecha	10381 NW 42nd Dr	■Add
		Coral Springs, FL 33065	□Remove
			Change
			□Add
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date willing be level as the Note: If the date inserted in this block does not ineer the appreciate statutory many report of 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 90m day after the record is filed. Dated _ September 12 2022 Signature of/a member or withoutzed representative of a member Jennifer Izaguirre Typed or printed name of signee