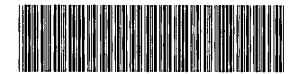
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Conflict Contract Contract
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Bee Protected LLC
	Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	num all correspondence concerning this matter to the following:
	Donna Haller Name of Person
	Bee Protected LLC Firm/Company
	18914 Fairwood Ct Address
	City/State and Zip Code Decorated of Egrain com E-mail address. (to be used for future annual report notification)
	E-mail address! (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Donne Haller at (813) 951 8471 Name of Person Area Code Daytime Telephone Number
s. i	d is a check for the following amount: .00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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 Protected	LLC	2022 2771 13 -711 10: 56
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	:0(tus.)
The Articles of Organization for this Limited Liability Company w	vere filed on3	7 22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10006 Cro Suite #15 Tampa, F	55 Creek Blud 4 L 33647
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
		_, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	a to also a amonosita	I forther garee to comply with the

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jasper MacFarland	10006 Cross Creek Blud	*154 XiAdd
		Tampa, FL 33647	□Remove
			□Change
			□Remove
			□Change
	<u></u>		□Add
			Remove
			□Change
			□ Remove
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			🗆 Change
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	ctive date,	if other than the c	late of filing: _			(option	ial)
ctive date, if other than the date of filing: (optional)	e: If the date	e inserted in this blo	ck does not meet	the applicable:			
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 605.020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	ument's effec	tive date on the Dep	partment of State	's records.			
effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.020	eard specific	e a dolawod offoctive	date but not an	effective time :	ut 12:01 am on t	he earlier of: (h)	The 90th day after:
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 605.020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a iment's effective date on the Department of State's records.	s filed.	a delayed effective	date, but not an	circuive time, a	11 12.01 a.m. on t	ne carner (m. (o)	The 70th day after t
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 605.020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ament's effective date on the Department of State's records. For dispectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the		//-		_			
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