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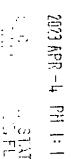
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Special Instructions to Filing Officer:

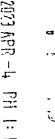
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## **COVER LETTER**

	gistration Se- ision of Cor			
CUBICA	Lee's Apiar	y LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Bob Lee		
			Name of Person	<del></del>
			Firm/Company	2023 APR -1, P
		1485 Falling Waters Road		
			Address	200
		Chipley, FL 32428		
		1.14060 "	City/State and Zip Code	ı
		patbob1485@gmail.com  E-mail address: (	to be used for future annual report notification)	
For further i	nformation c	oncerning this matter, please c		PH 1: 16
Bob Lee			850 849-3801at ()	
	Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section	
Di	vision of C	Corporations	Division of Corporation	
	O. Box 632 Illahassee, l		The Centre of Tallahas 2415 N. Monroe Street	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lee's Apiary LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 02/28/2023	and assigned
Florida document number 1.23000105849		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" e	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PH
Mailing address MAY BE A POST OFFICE BOX)		777
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>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Tit	ida
	, Flor	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 Actio	<u>) N</u>
AMBR	Patricia Lee	1485 Falling Waters Road	<b>≣</b> Add	
		Chipley, FL 32428	Remove	
			Change	
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applic	able statutory filing requ	(optional) in 90 days after filing.) Pr tirements, this date wi	ursuant to 605.020 If not be listed as
record specifies a delayed effecti d is filed.	e date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
	2023		1917 1917	2023
Pated March 20	·	·	1	· 🛪 ~
Pated March 20	2 Dec	·	r <del></del>	2023 APR -
Dated March 20	3 Dec Signature of a member or auth	orized representative of a r	nember	1 APR -4 PH

Filing Fee: \$25.00