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CI:	Nama aft im			
	Manic of Dun	ited Liability Company		
losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
eturn all correspo	indence concerning this matter	to the following:		
	Adam Westin			
		Name of Person	<u>, , , , , , , , , , , , , , , , , , , </u>	
	3 BEES LLC			
		Firm/Company		
	3948 3RD STREET SOUT	`H #271		
		Address		
	JACKSONVILLE BEACH	1, FL 32250		
	adamwestin@email.com	City/State and Zip Code		
		to be used for future annual report no	tification)	
her information c	oncerning this matter, please ca	all:		
Vestin		470 338-8121		
Name o	f Person	Area Code Daytir	ne Telephone Number	
d is a check for th	ne following amount:			
i.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 Statu Certified Copy (additional copy is encl	
	her information c Vestin Name o	Adam Westin Adam Westin 3 BEES LLC 3948 3RD STREET SOUT JACKSONVILLE BEACE adamwestin@gmail.com E-mail address: (ther information concerning this matter, please converting the state of Person d is a check for the following amount: 300 Filing Fee \$30.00 Filing Fee	Adam Westin Adam SEES LLC Finn/Company 3948 3RD STREET SOUTH #271 Address JACKSONVILLE BEACH, FL 32250 City/State and Zip Code adamwestin@gmail.com E-mail address: (to be used for future annual report no her information concerning this matter, please call: Name of Person 1 38-8121 Name of Person 1 3948 3RD STREET SOUTH #271 Address JACKSONVILLE BEACH, FL 32250 City/State and Zip Code adamwestin@gmail.com E-mail address: (to be used for future annual report no her information concerning this matter, please call: Nestin Name of Person 1 470 Area Code Daytin d is a check for the following amount: COO Filling Fee \$30.00 Filling Fee \$ Certificate of Status Certified Copy	losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Adam Westin Name of Person 3 BEES LLC Firm/Company 3948 3RD STREET SOUTH #271 Address JACKSONVILLE BEACH, FL 32250 City/State and Zip Code adamwestin@gmail.com E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: Westin 470 Name of Person Area Code Daytime Telephone Number di is a check for the following amount: 1.00 Filing Fee Certificate of Status Certificate Opy Certificate of Status Certified Copy Gertificate of Status Certified Copy Certified Copy

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

3 BEES LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 6/26/2023	and assigned
Florida document number L23000305718		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70.
Principal office address MUST BE A STREET ADDRESS)		٠
		ند. در:
		0
Enter new mailing address, if applicable:		-D
		
Mailino address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cirv	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 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>	Name	Address	Type of Action
MGR	Lauren A Westin	3948 3RD STREET SOUTH, #271	
		JACKSONVILLE BEACH, FL 32250	■ Remove
			□ Change
			□ Add
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: If the date inserted in this	ne date of filing: aust be specific and cannot be prior to date of filing or block does not meet the applicable statutory filing partment of State's records.	
ord specifies a delayed effect filed.	ive date, but not an effective time, at 12:01 a.m	i. on the earlier of: (b) The 90th day after t
June 28	2023	
٠ <u></u>		
	42	
	Signature of a member or authorized representative	we of a member

A. Company