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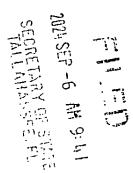
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COVER LETTER

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elib tezer.	22 Bees, LI	.C			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Helvey L. Johnson			
			Name of Person		_
		22 Bees, LLC			
			Firm/Company		-
		10329 Key Lantern Drive			2024 SEP -6 AM 9: 41 SECRETARY OF STATE TALLAMASSEE, FI
			Address		
		New Port Richey, FL 3465	5.4		五元 50 6
			City/State and Zip Code		
		22BeesLLC@gmail.com			
			to be used for future annual report notifi	cation)	
For further in	iformation c	oncerning this matter, please c	all:		
Helvey L Je	hnson		727 223-1945		
	Name o	l'Person	at () Area Code ——Daytime	Telephone Numbe	er .
Enclosed is	i check for th	ne following amount:			
■ \$25,00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	iling Addres gistration S		Street Address: Registration Sec	tion	
Di	vision of C	orporations	Division of Corp	orations	
). Box 632 llahassee, l		The Centre of Ta 2415 N. Monroe		810

Fallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 Bees, LLC		
(Name of the Lim	ted Liability Company as it now appea (Allorida Firvited Fiability Company)	irs on our records.)
The Articles of Organization for this Limited I Horida document number 1.23000317651		and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli	cable:	
(Principal office address MUST BE A STREET ADDRESS)		SEC 2014
		CRETAR ALLAR
Enter new mailing address, if applicable:		A Company Comp
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or agent and/or the new registered office addre		records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	Helvey L Johnson	
New Registered Office Address:	10329 Key Lantern Drive	
	Enter Fle	orida street address
	New Port Richey	Florida 34654
	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.

16Changing 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	Shawn K Marsh	10329 Key Lantern Drive	
		New Port Richey, FI, 34654	■Remove
			□ Change
			□ Add
			□Remove
			□Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	date of filing: t be specific and cannot be p ock does not meet the ap	olicable statutory fil	(optio more than 90 days after t ing requirements, this	iling.) Pursuai	ni 10 605,02 i be listed :
ecord specifies a delayed effectivis filed.	e date, but not an effectiv	e time, at 12:01 a.n	n, on the earlier of: (b)	The 90th o	lay after th
September 3	. 2024				
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Filing Fee: \$25.00