

L24000087537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

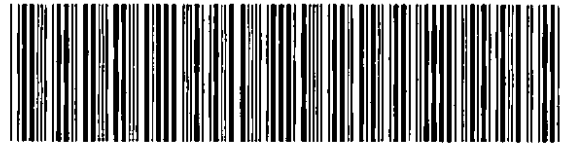
(Document Number)

Certified Copies _____ Certificates of Status _____

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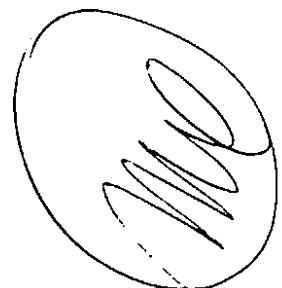
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10/29/24--01012--006 **30.00

2024 DEC -2 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2/16/25



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bee Buckin Around Apiary LLC

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:

Jon Daniel

Name of Person

Bee Buckin' Around Apiary LLC

Firm/Company

826 SE 9th Street

Address

Ocala, FL 34471

City/State and Zip Code

beebuckinaroundapiary@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Daniel

352 425-6086
at ()

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

☐ \$25.00 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 Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2024

JON DANIEL
826 SE 9TH STREET
OCALA, FL 34471 US

SUBJECT: BEE BUCKIN AROUND APIARY LLC
Ref. Number: L24000087537

We have received your document for BEE BUCKIN AROUND APIARY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the last page. *Done 11/26/24*

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 424A00025192

SECRETARY OF STATE
TALLAHASSEE, FL

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12/2

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bee Buckin' Around Apiary LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/19/2024 and assigned
Florida document number L24000087537.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bee Buckin' Around Apiary LLC

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 applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sadie Daniel

New Registered Office Address:

826 SE 9th Street

Enter Florida street address

Ocala

City

Florida 34471

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sadie Daniel	826 SE 9th Street	<input checked="" type="checkbox"/> Add
		Ocala, FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jon Daniel	826 SE 9th Street	<input type="checkbox"/> Add
		Ocala, FL 34471	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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TALLAHASSEE, FL

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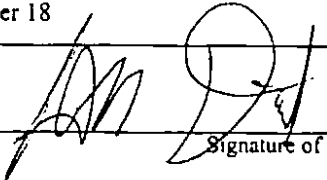
E. Effective date, if other than the date of filing: 02/20/2024 (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 90th day after the record is filed.

Dated September 18, 2024



Signature of a member or authorized representative of a member

Jon Daniel

Typed or printed name of signee

Filing Fee: \$25.00