

L15000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

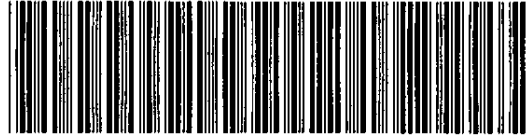
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 AUG 17 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 18 2015  
TALLAHASSEE

August 13, 2015

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

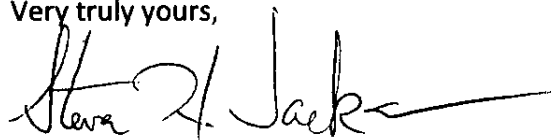
Dear Sir or Madam:

The attached Articles of Amendment amend the name of Honor My Directives, LLC to Honor My Decisions, LLC.

Honor My Directives, LLC has previously filed with your office (and been approved) to use the fictitious name, "Honor My Decisions, LLC." The enclosed amendment formally renames Honor My Directives, LLC to the fictitious name, Honor My Decisions, LLC.

Thank you for your assistance in this matter,

Very truly yours,

A handwritten signature in black ink that reads "Steven H. Jackson". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Steven H. Jackson  
Member and Manager

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Honor My Directives, 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:

Steven H. Jackson

\_\_\_\_\_  
Name of Person

Honor My Directives, LLC

\_\_\_\_\_  
Firm/Company

3080 Grand Bay Blvd Unit 524

\_\_\_\_\_  
Address

Longboat Key, FL 34228

\_\_\_\_\_  
City/State and Zip Code

sjackson@honormydecisions.com

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

For further information concerning this matter, please call:

Steven H. Jackson

941  
at ( )

993-3993

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Honor My Directives, 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 December 31, 2014 and assigned  
Florida document number L15000000017.

This amendment is submitted to amend the following:

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

Honor My Decisions, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

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>
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TALLAHASSEE, FLORIDA

[illegible]

**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.

Dated August 13, 2015

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Steven H. Jackson

Typed or printed name of signee

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TALLAHASSEE, FLORIDA