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(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
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(Docu	ment Number)	
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05/31/22--01015--014 **25.00





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	Hono Fivelo	o UC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Kim	berly Saucie	
	Swiny Be	ach Home Finde	rs
	119 NE Nov	an a Luc	
	Port St L	wic FL 349 City/State and Zip Code	983
	Soucy ea E-mail address: (to	tor e Jahon Ci	fication)
For further information co	ncerning this matter, please ca	II:	
Kimber Name of	dy Saucier Person	at (<u>860)</u> <u>214 -</u> Area Code Daytim	6323 e 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 So Division of Co	ection orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 6327 Tallahassee, F		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunny Bear	Ch How-Forder	s on our records.)
()	Liability Company as it now appear (Florida Limited Liability Company)	,
The Articles of Organization for this Limited Liab		4.29.22 and assigned
Florida document number <u>L22000</u> 203	17 d. J.	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company he	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	signation "LLC" or the appreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	Service III
(Principal office address MUST BE A STREET	ADDRESS)	- FO 2
	·	
Enter new mailing address, if applicable:		*
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
	· · · · · =	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ecords, enter the name of the new registered
Name of New Registered Agent:	Kimberly	Saucier
New Registered Office Address:	r ri -	ida street address
	Enter Flor	aa sireei aaaress
	City	, Florida Zip Code
	Ca)	Zip Cont

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

New Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address	Type of Action
resident	Kimberly Saucier	Address 119 NE Navanja Ave	Add
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		-	□Change
			□Add
			Remove
		TALLAR	Change
		HASSEE, F	
		بم ر نشو	l (Kemtove)
			Change
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Effective date, if other fan effective date is listed. Note: If the date insert document's effective date.	, the date must be sp ed in this block de	ecific and o	cannot be p eet the ap	prior to dat plicable s				filing.) Pur		
e record specifies a dela d is filed.	yed effective date	e, but not a	an effectiv	ve time, a	: 12:01 a.n	n. on the ea	rlier of: (b) The 90	th day a	fter the
Dated May	25	<u>.()</u> .	306	22.						
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Filing Fee: \$25.00