

LO4000012104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

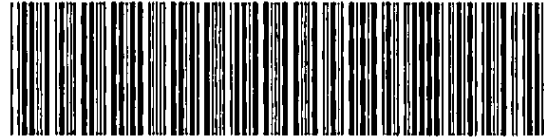
(Business Entity Name)

(Document Number)

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NOV 30 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2017

SHARON CORNELIUS  
5215 N HONEYCREEK TERRACE  
CRYSTAL RIVER, FL 34428

SUBJECT: HONEYCREEK ENTERPRISES, LLC  
Ref. Number: L04000012104

We have received your document for HONEYCREEK ENTERPRISES, 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):

Page 1 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 517A00023319

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: Honeycreek Enterprises, L.L.C.  
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:

Sharon Cornelius  
Name of Person

Honeycreek Enterprises, LLC  
Firm/Company

5215 N. Honeycreek Terrace  
Address

Crystal River, FL 34428  
City/State and Zip Code

honeycreeksmc@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Cornelius at (352) 795-8812  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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**

Honeycreek Enterprises, L.L.C.

(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 02/09/04 and assigned Florida document number 204/000012104

This amendment is submitted to amend the following:

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

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:

Sharon Cornelius

New Registered Office Address:

5215 N. Honeycreek Terrace

Enter Florida street address

Crystal River

City

Florida

FL

34428

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.*

Sharon Cornelius

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>                      |
|--------------------|-------------------------|---------------------------------|--|
| <u>1</u>           | <u>Teresa Dodge</u>     | <u>136 Allen Ave.</u>           | <input type="checkbox"/> Add               |
|                    |                         | <u>Inglis, Fl. 34449</u>        | <input checked="" type="checkbox"/> Remove |
|                    |                         |                                 | <input type="checkbox"/> Change            |
| <u>P, V.P., A.</u> | <u>Sharon Cornelius</u> | <u>5215 N. Honeycreek Terr</u>  | <input checked="" type="checkbox"/> Add    |
|                    |                         | <u>Crystal River, Fl. 34428</u> | <input type="checkbox"/> Remove            |
|                    |                         |                                 | <input type="checkbox"/> Change            |
|                    |                         |                                 | <input type="checkbox"/> Add               |
|                    |                         |                                 | <input type="checkbox"/> Remove            |
|                    |                         |                                 | <input type="checkbox"/> Change            |
|                    |                         |                                 | <input type="checkbox"/> Add               |
|                    |                         |                                 | <input type="checkbox"/> Remove            |
|                    |                         |                                 | <input type="checkbox"/> Change            |
|                    |                         |                                 | <input type="checkbox"/> Add               |
|                    |                         |                                 | <input type="checkbox"/> Remove            |
|                    |                         |                                 | <input type="checkbox"/> Change            |
|                    |                         |                                 | <input type="checkbox"/> Add               |
|                    |                         |                                 | <input type="checkbox"/> Remove            |
|                    |                         |                                 | <input type="checkbox"/> Change            |

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

Sharon Cornelius, P, VP, S, T.

E. Effective date, if other than the date of filing: November 7, 2017 (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)(h)

**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 November 7, 2017.

Sharon Cornelius  
Signature of a member or authorized representative of a member

Sharon Cornelius  
Typed or printed name of signee