

LO9000055811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

W17-6321

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called 1/24/17

OK for me to
Add 2nd & page

PPB Address already
changed NC only

Spoke with Mr. Honeycutt's
wife



200293883192

01/17/17--01028--021 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JAN 23 PM 2:28

N. CAUSSEAU

JAN 24 2016

Division of Corporations

SUBJECT: S Honeycutt 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:

Willie B. Honeycutt
Name of Person

Firm/Company

7216 Brookhaven Terrace
Address

Englewood FL 34224
City/State and Zip Code

honeycutt3@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willie Honeycutt at (941) 473-5409
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~~ ☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

~~\$60.00~~ ☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

WILLIE B HONEYCUTT
7216 BROOK HAVEN TERRACE
ENGLEWOOD, FL 34224 US

SUBJECT: S HONEYCUTT LLC
Ref. Number: L09000055811

We have received your document for S HONEYCUTT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 IS NOT INCLUDED. PLEASE COMPLETE THE WHOLE APPLICATION
AND MAIL IT

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 717A00001132

OF

S Honeycutt LLC

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

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The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number LO900005581.

This amendment is submitted to amend the following:

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

Elite Energy Resources "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)

7216 Brookhaven Terrace
Englewood FL 34224

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: - N/A

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: - N/A

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: JAN. 12 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)(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 JAN. 12, 2017, _____.

Willie Honeycutt

Signature of a member or authorized representative of a member

Willie Honeycutt

Typed or printed name of signee