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SECRETARY OF STATE

J. BRYAN

NOV 1 7 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co		•	,
SUBJE	CT:	Alva Honey and	Candy Company, LLC	
			ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Penelope Hill	<u> </u>
			Name of Person	
		····	Firm/Company	OS NOV 16 PM 12: 32 OS NOV 16 PM 12: 32 SECRETARY OF STATE FLORID FAIL AND SECRETARY OF FLORID FAIL AND SECRETARY OF STATE OF S
				温い
		· · · · · · · · · · · · · · · · · · ·	PO Box 688 Address	- SSE OF IT
			Al Et 0000	of S. Fr.
		- tortune and the second of	Alva FI 33920 City/State and Zip Code	ORIGINAL 32
		pe	enhill123@yahoo.com	7
For fur	ther information	e-mail address: (to be used for future annual report notification call:) -
	. F	Penelope Hill	at (239) 989	-5692
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		tration Section ion of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alva Ho	ney and Car	ndy Compar	ıy, LLC	3 0	
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appe Jiability Company	ars on our records.)		
`			•	757	
The Articles of Organization for this Limited Li	ability Company	were filed on	August 12, 2009	and assigned	
Florida document numberL09000077	983			OP .	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company h	ere:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Com	pany," the designation "L	.LC" or the abbreviation	
Enter new principal offices address, if applic	able:	1 Alva Islan	d		
(Principal office address MUST BE A STREET ADDRESS)		Alva FI 3392	20		
		 			
Enter new mailing address, if applicable:		PO Box 688			
(Mailing address MAY BE A POST OFFICE BOX)		Alva FI 3392	20		
		 			
B. If amending the registered agent and/or the new registered of			our records, enter t	he name of the nev	
Name of New Registered Agent:	Penelope H	ill	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1 Alva Islan				
		E	nter Florida street add	ress	
		Alva	, Florida	33920	
		City		Zin 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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Penelope Hill	PO Box 688 Alva Fl 33920			
MGR	Dennis E. Riggs	18581 South River Road Alva Fl 33920	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessor	- B		
			FILEL 09 NOV 16 PM II ECRETARY OF S LLAHASSEE. FL		
Dated	November 1 ,	$\frac{2009}{200}$.	D 112: 32 STATE LORIDA		
	Sullon 7-110 Signature of a	member or authorized representative of a member Penelope Hill DENNIS E. F.	1665		
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00