# 112000059546

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K. SALY SEP 2 7 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Honigo	Name of Limited Liability Company	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
<u></u>	Lorie Van Wi	nkle
	Honiadach F)rm/Company	s,LLC
21	131 Kent Address	ive.
F	ort Muers F	L 33907
<del></del> E	-mail address: (to be used for future ann	1@ yanoo.com
For further information concerning this m	atter, please call:	•
LOY ie Van Wir	at (239)	823-85 LOT- Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
\$25.00 Filing Fee \$30.00 Fili Certificat	ing Fee &    \$55.00 Filing Fe te of Status   Certified Copy (additional copy is	Certificate of Status &

#### **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

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2016 SEP 26 PK 4:55
CONTRACTOR STATES
ecords.) PASSEE FOOT

Honiadach	5 110	METARIARY 4:5.	5
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	ecords.) TASSEE FISHER	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000059546</u>	were filed on $5/2$	112 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C.	77
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 of registered agent and/or the new registered office address here		eords, enter the name of	the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddrass	
	Enter Florida Meet di	ии соо	

#### 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.

City

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 **Title Address Type of Action** Philip Van Winkle 2431 Kent Ave DAdd

Fort Mycs, Fl 33907 Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Lorie VanWinkle													

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Filing Fee: \$25.00