1/6000087678

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COVER LETTER

TO;	Registration Se Division of Cor		•	
SUBJE		Services, LLC		
SOBJE	C1	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Elizabeth F Ykimoff		
		Ykimoff Advisory Services,	Name of Person	
			Firm/Company	-
		6412 Queensborough Ave.		
		Orlando, FL 32835	Address	
For first	ner information co	erich+mye E-mail address: () oncerning this matter, please ca	City/State and Zip Code Cr 919@qmail.com to be used for future annual report notifi	cation)
	th F Ykimoff	oncerning this matter, prease of	517 206-7995	
	Name o	f Person	at () Area Code Davtime	Telephone Number
Enclosed	d is a check for th	ne 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 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

HONEY - Do SERVICES LI (Name of the Limited Liability Company (A Florida Limited Lia	as it now appear	's on our records.)				
The Articles of Organization for this Limited Liability Company were filed on MAY 2, 2016 and assigned Florida document number 1160000 87678.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ty company he	<u>ere</u> :				
The new name must be distinguishable and contain the words "Limited Liability	/ Company," the d	esignation "LLC" or the abbreviation	on "L.L([
Enter new principal offices address, if applicable:				_므		
(Principal office address MUST BE A STREET ADDRESS)			_ფ_ —თ_	33S		
			_ .	물곱 그러한다		
			-	ARY CD		
Enter new mailing address, if applicable:			_₽_	- 광유도 - 교교		
(Mailing address MAY BE A POST OFFICE BOX)			 ယ	<u> </u>		
			<u> </u>	<u>;;</u>		
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on	our records, <u>enter the na</u>	ime of	the nev		
New Registered Office Address:	Euton Elon	de la companya de la				
	Enter Florida street address					
	City	, Florida Zip (Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of ovided for in C	my duties, and I am familia Thapter 605, F.S. Or, if this	r with a docum	and ent is		

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>	Address	Type of Action
AMBR	John G Richtmyer	1157 East Winged Foot Circle, Winter Springs, FL 32708	Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
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fective date, if other tha	n the date of filing:			(optional)	
n effective date is listed, the date: If the date inserted in cument's effective date on	this block does not me	et the applicable s			
record specifies a de The 90th day after th		te, but not an	effective time, al	: 12:01 a.m. on t	he earlier
08/26	1.	2018			
	<u></u>				

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Typed or printed name of signee

Filing Fee: \$25.00