

L16 000114044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

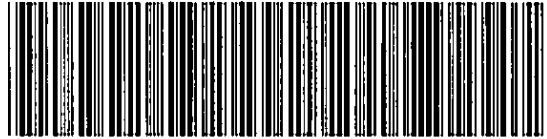
(Document Number)

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2020 APR 15 PM 1:15
APR 15 2020
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APR 16 2020



2020 APR 15 AM 12:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2020

HOLLY KELLY (2ND ATTEMPT)
111 DOOLEN CT
APT 310
NORTH PALM BEACH, FL 33408

We have received your document for HOLLY'S NATURAL PRODUCTS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Page 3 missing from filing with signature.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00007470



2020 APR -7 11:48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2020

HOLLY KELLY
PO BOX 14124
NORTH PALM BEACH, FL 33408

SUBJECT: HOLLY'S NATURAL PRODUCTS, LLC
Ref. Number: L16000114044

We have received your document for HOLLY'S NATURAL PRODUCTS, 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):

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Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 220A00006189

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holly's Natural Products, 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:

Holly Kelly (ELKIN)
Name of Person
Holly's Natural Products
Firm/Company
P.O. Box 14124
Address
North Palm Beach, FL 33408
City/State and Zip Code
hollykelly70@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Kelly at 727 423-6313
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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Holly's Natural Products, LLC

(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 6/13/2016 and assigned
Florida document number L16000114044 8/22/2017

This amendment is submitted to amend the following:

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

HOLLY KELLY ENTERPRISES, 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)

111 Doolen Ct. Apt 310
North Palm Beach, FL
33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 Doolen Ct. Apt 310
North Palm Beach, FL
33408

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

2020 APR 15 PM 1:15

E. Effective date, if other than the date of filing: _____ (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

4/10/20

Holly Kelly

Signature of a member or authorized representative of a member

Holly Kelly

Typed or printed name of signee

Filing Fee: \$25.00