LILOCCC 139279

(Danisated Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

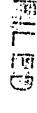
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COVER LETTER

Điy	ision of Corp	orations		
21.135.445.2.22	=	h Estates Group LLC		
SUBJECT:		Name of Limit	ed Liability Company	
			,	
The enclosed	I Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please returr	all correspon	dence concerning this matter t	o the following:	
		John Hayes		
			Name of Person	
		<u> </u>	Firm Company	
		218 Honey Branch Lane		
			Address	
		St Augustine, FL 32092		
			City/State and Zip Code	
		Jhayes904@gmail.com		
		E-mail address: ()	o he used for future annual rep	ort notification)
For further i	nformation co	neerning this matter, please ca	11:	
John Hayes			904 008-0	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the	e following amount:		
☑ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclos	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF 1

Honey Branch Estates Group LLC		THE BULLED	
(Name of the Limi	ted Liability Compa (A Florida Limited).	ny as it now appears on our records.) Jability Company) 2019 NOV - 7 D 3 5 5	
The Articles of Organization for this Limited 1. Florida document number <u>L16000139279</u>	iability Company	were filed on 07/25/2016 and assigned FALEAHASSEE, FLORIDA	
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liabi	ility company here:	
the new name must be distinguishable and contain the v	vords "Limited Liabii	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic		218 Honey Branch Lane	
(Principal office address MUST BE A STREE		St Augustine, FL 32092	
Enter new mailing address, if applicable:		248 Honey Branch Lane	
Mailing address MAY BE A POST OFFICE	BOX)	St Augustine, F1, 32092	
			
B. If amending the registered agent and registered agent and/or the new registered o	•	Tice address on our records, <u>enter the name of the records.</u>	
Name of New Registered Agent:	John Hayes		
New Registered Office Address:	218 Honey Bran	nch Lane Einer Floride street address	
	St Augustine.	Elopida 32092	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Lucy Strong	72 Honey Branch Lane St. Augustine, FL 32692	a Add
			☐ Remove
			Change
MGR	William Carmichaet		Add
		340 Honey Branch Lane St. Augustine, FL 32092	■ Remove
			☐ Change
AMBR	Ryan Kidder		E) Add
		314 Honey Branch Lane St. Augustine, FL 32092	
			☐ Change
			Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
ra ————————————————————————————————————			Add
			☐ Remove
			□ Change

toutional)
Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a
document's effective date on the Department of State's records.
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.
2010
Dated September 19 2019
College Services
Signature of a member or authorized representative of a member
William Carmichael Exped or printed name of signee
typea or printed name or signer

Page 3 of 3

Filing Fee: \$25.00