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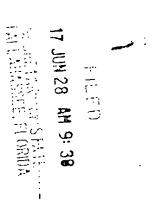
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S. WARREN JUN 3 0 2017



June 16, 2017

BRITTANY THOMAS 6738 SW 27TH COURT MIRAMAR, FL 33023

SUBJECT: A LITTLE TOUCH OF HONEY, LLC

Ref. Number: L17000057267

We have received your document for A LITTLE TOUCH OF HONEY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Letter Number: 817A00012308

Stacey M Warren Regulatory Specialist II

www.sunbiz.org



May 8, 2017

BRITTANY THOMAS 6738 SW 27TH CT MIRAMAR, FL 33023

SUBJECT: A LITTLE TOUCH OF HONEY, LLC

Ref. Number: L17000057267

We have received your document for A LITTLE TOUCH OF HONEY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 217A00009050

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: A LITTLE TOUCH Name of Limited Li	OF HONEY ability Company
The enclosed Articles of Amendment and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the	following:
BRITTANY	Name of Person
A LITTLE TU	Firm/Company
6738 JW 271	Address
MIRAMAR, FL. 3	35023 //State and Zip Code
<u>UTHOMOSIE 11U</u> E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
PRITTANY THOMMS Name of Person	at (454) WHO 4039 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	•
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$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

A LITTLE TOUCH OF HONEY

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Limited Liab	othry Company)		
The Articles of Organization for this Limited L Florida document number $\underline{L170000}$	iability Company wo <u>いううとし</u> う	ere filed on	3/13/2017	and assigned
This amendment is submitted to amend the foll	owing:	•		
A. If amending name, enter the new name o	f the limited liabilit	y company h	<u>ere</u> :	
The new name must be distinguishable and contain the v	ords "Limited Liability	Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	-	•		TILEO
B. If amending the registered agent and registered agent and/or the new registered o		e address o	n our records, <u>ei</u>	iter the name of the new
Name of New Registered Agent:	BRITTAN	H THOI	nns	
New Registered Office Address:	10 98 F.W		orida street address	
	DIRAMA	City	, Florid	a <u>33023</u> 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.

Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Title Address ' Name Type of Action 0138 JM 27 III CI MKADIJIK FC MIKITHE MILLERS MGR _□ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add 🛄 Remove Change ݦ **k**emove

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Filing Fee: \$25.00