

118000012606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 29 PM 1:37

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JAN 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HONEY HOLE, 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:

JANE WICKMAN

Name of Person

WICOM

Firm/Company

PO BOX 260

Address

DUNEDIN FL 34698

City/State and Zip Code

Jane Wickman@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Wickman

Name of Person

at

727

Area Code

736-1179

Daytime Telephone Number

215-8474

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/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 HOLE, 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 1.16.18 and assigned
Florida document number L18000012606

This amendment is submitted to amend the following:

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

~~X~~
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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

~~X~~
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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

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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	Name	Address	Type of Action
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AP	PAUL AND MARY Jacobs	PO Box 260 DUNEDIN FL 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AP	Jacobs, LLC	PO Box 260 (REMOVE)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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18 JAN 29 PM 3:37

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DIVISION OF CORPORATIONS

