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SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA JAN 3 0 2018

COVER LETTER

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 PU BUY 24 D Address DUNEDIN FL 34698 City/State and Zip Code JANE WICKMAN E-mail address: (to be used for future annual report notification). For further information concerning this matter, please call: JAME WICKMAN at (721) 736-1174	
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 PU BUX 240 Address DUNEDIN FL 32698 City/State and Zip Code JANE WICK MANO E-mail address: (to be used for future annual report notification). For further information concerning this matter, please call:	
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TANE WICKMAN Name of Person WICOM Firm/Company PU BUX 240 Address DUNEDIN FL 34698 City/State and Zip Code June Wickmann gmail. E-mail address: (to be used for future annual report notification). For further information concerning this matter, please call: (Jane Wickmann at (727) 736-1179	
Name of Person WICOM Firm/Company PUBUX 24 Address DUNEDIN FL 34698 City/State and Zip Code June Wickman gmail. E-mail address: (to be used for future annual report notification). For further information concerning this matter, please call: (Jame Wickman at 727) 736-1179	
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PUBDY 260 Address DUNEDIN FL 34698 City/State and Zip Code JANE WICK MANGE 9 9 Mail. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: [Ame WickHHN at (77) 736-1179]	
DUNEDIN FL 34698 City/State and Zip Code JANE WICK MANO 9 Mail. E-mail address: (to be used for future annual report notification). For further information concerning this matter, please call: [Jane WickHHN at (727) 736-1179]	
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For further information concerning this matter, please call: (Jame WickHHN at (727) 736-1179	CAN
Jane WickHAN at 727, 736-1179	
Name of Daniel Street Code Daniel Patrick of Street Code	-
Name of Person Area Code Daytime Telephone Number 215 - 847	4
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status}\$\$ \$\times \text{Certified Copy (additional copy is enclosed)}\$\$ \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$	
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HONEY HOL	E LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LIS DARR 12</u> (より	ere filed on 11618 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
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 registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	DIVISION O
New Registered Office Address:	Enter Florida street address Control Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code: AT I I I I I I I I I I I I I I I I I I
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept 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 my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	from our records:		ge, <u>carer me m</u>	in the second se	den person being adde
	lanager authorized Member				
<u>Title</u>	Name	:	<u>Address</u>		Type of Action
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	Paul AND MARY		Dur	1001N FL 34	698 □ Remove
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D. If om	ending any other information, enter change(s) here: (Attach a	edditional charte, if magazzamy)	
D. It am	ending any other unormation, enjer change(s) nere. (Ama.n.a.	dational sheets, if necessary.)	
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E Effect	ive date, if other than the date of filing: $\frac{1-18-1}{1-18}$	2018 (optional)	
(If an el <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor, nent's effective date on the Department of State's records.	ig or more than 90 days after filing.) Pursuant	to 605.0207 (3)(b) be listed as the
	cord specifies a delayed effective date, but not an effect 90th day after the record is filed.	tive time, at 12:01 a.m. on the	earlier of:
Dated			-
			SE SE
	Signature of a member or authorized representation	ntative of a member	多器品
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Filing Fee: \$25.00