L18000 01a 606

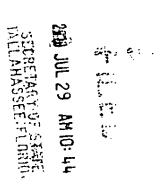
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Zip/1 Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600331989166

07/29/19--010:0 -: 1 *+25.60



Cr:::::::

COVER LETTER

Honey H	ole LLC		
UBJECT:	Name of Lin	nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	ALL PHASSEL ST.
lease return all correspo	ondence concerning this matter	to the following:	
	Walt Wickman		?
		Name of Person	
	P.O. Box 260	Firm/Company	
	P.O. BOX 250		
	Dunedin, Florida 34698	Address	
	waltwickman@icloud.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
or further information c	oncerning this matter, please c	all:	
Valt Wickman		727 804-7294	
Name o	f Person	at () Area Code Daytime	Telephone Number
nclosed is a check for th	ne 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**

	10	
ARTICLE	S OF ORGANIZATION	
	OF	
	-	Ties le tr
Honey Hole LLC		(A. E.
	lity Company as it now appears on our re	cords)
(A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.) and assigned
he Articles of Organization for this Limited Liability	Company were filed on 01/16/2018	and assigned
lorida document number L18000012606		3 6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Vickman Jacobs LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		·-
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
	-	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our reco	ords, enter the name of the new
egistered agent and/or the new registered office add	dress here:	ords, enter the name of the new
N 01 5 1 1		
Name of New Registered Agent:		
New Registered Office Address:		
Tien Negleteled Office radicas.	Enter Florida street aa	ldress
	Cin _'	, Florida

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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		_	☐ Change
			Add
·			Remove
			Change
			D Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add

 Change
 Add
 □ Remove
Change

_□ Remove

				
				
· · · · · · · · · · · · · · · · · · ·				
		- 1-1-1		
	 			
fective date, if other than the d	ate of filing:		(optional)	
n effective date is listed, the date must ote: If the date inserted in this block	se specific and cannot be prick does not meet the appl	or to date of filing or mor icable statutory filing	re than 90 days after filing. requirements, this date) Pursuant to 605.020 will not be listed a
cument's effective date on the Dep	partment of State's record	ls.		
record specifies a delayed	offoctive data, but r	ot an offective bir	mo at 12:01 a.m.	on the earlier (
The 90th day after the reco		lot all ellective til	ne, at 12.01 a.m.	on the earner t
,				
	2010			
July 24	. 2019	·		
July 24	· 2019	·		
ated July 24 Wall	ignature of a member or aud	horized representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00