## 1800087218

(F	Requestor's Name)
	Address)
( <i>f</i>	Address)
(0	Dity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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## **COVER LETTER**

Division of Corporations
SUBJECT: HUMBIE WITH LOVE L.L.C. 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:
Anguaresha Ruttedge Name of Person
HUMBIE WITH LOVE L.L.
2609 24th 8t
Savasota, FL, 34234 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anguanesha Ruthage at 352 872-4344  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee,
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

TO: Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	DVP ility Company da Limited Lia	as it now appo	cars on our rece	ords.)	18 FIL
The Articles of Organization for this Limited Liability Florida document number L100087218	Company w	vere filed on	X1/06/	2018	and assigned
This amendment is submitted to amend the following:					29
A. If amending name, enter the new name of the li	mited liabili	ity company	<u>here</u> :		
The new name must be distinguishable and contain the words "L	imited Liabilit	y Company." th	e designation "I	.I.C" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI		7609 5040	24th Sota, 3	· St_	4234
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2600 Sara		h St FL, ?	34234
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered off ddress here	ice address	on our reco	ords, <u>enter</u>	the name of the new
Name of New Registered Agent:  New Registered Office Address:	1-6009	24	th St		
ivew registered Office Address.	Sara	Enter SO+O City	Florida street aa	, Florida _	3423H 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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			— Emange □ Change
			27 Remove Remove SSEC - LORIDA Change
			Remove
			Add
			Remove
			Change
			Remove
			Change

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	\$ 120 
	<del></del>
Effective date, if other than the date of filing: 208 208  Effective date is listed, the date must be specific and cannot be prior to date of filing or more  If the date inserted in this block does not meet the applicable statutory filing to ment's effective date on the Department of State's records.	5 mill 20 day tare millig.) 1 droudit to 505.0257
ecord specifies a delayed effective date, but not an effective tin e 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of
JUN 24th 2018.	
Signature of a member or authorized representative of	f a member
The state of the s	<del></del>

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Filing Fee: \$25.00