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Y SULKER MAY 1 9 2020

COVER LETTER

· TO:

Registration Section

Divi	sion of Cor	porations			
	HUNNYPOT LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MRS CHRISTINE STEVE	ENSON		
			Name of Person		
			Firm/Company		
		173 CHURCH MEADOW	S. GREAT BROUGHTON. COC	CKERMOUTH	
			Address		
		CUMBRIA CA13 0JI.	UK		
			City/State and Zip Code		
		christine@villahunypot.con	1 to be used for future annual report no		
For further in	formation c	oncerning this matter, please co		nitication)	
MRS CHRIS	TINE STEV	/ENSON	407 218 5538		
	Name o	f Person	at () Area Code Dayti	me Telephone Number	
			•	•	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	ling Addres		Street Address:	action	
Registration Section Division of Corporations		÷ i	Registration Section Division of Corporations		
P.O	. Box 632	7	The Centre of	Tallahassee	
Tall	lahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ompany as it now appears on our records.) nited Liability Company)	
pany were filed on OCTOBER 15 2018	and assigned
l liability company here:	
Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
	-50-8
<u> </u>	28
	<u> </u>
ffice address on our records, <u>enter the</u>	name of the new registere
Futer Florida street address	
Florid	th .
	Liability company," the designation "LLC" or SS)

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
MGR	FIONA QUINN	LANEFOOT COTTAGE	≣ Add
		PARDSHAW. COCKERMOUTH	□Remove
		CUMBRIA CAI3 0SP UK	☐ Change
MGR	LAURA OCKENDEN	36 SEVENTH AVENUE	= Add
		BLACKPOOL FY4 2EB UK	□Remove
		**************************************	□Change
			Remove
			□Change
			□Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	<u>,</u>
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(If an ef Note:	ive date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	APRIL 17 2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	CHRISTINE STEVENSON
	Typed or printed name of signee