

# L18000242805

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

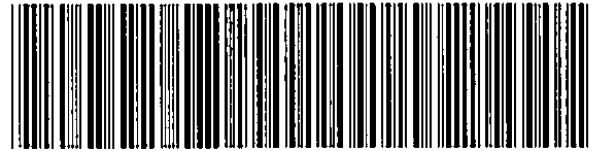
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

MAY 19 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HUNNYPOT 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:

MRS CHRISTINE STEVENSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

173 CHURCH MEADOWS, GREAT BROUGHTON, COCKERMOUTH

\_\_\_\_\_  
Address

CUMBRIA CA13 0JL UK

\_\_\_\_\_  
City/State and Zip Code

christine@villahunypot.com

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

For further information concerning this matter, please call:

MRS CHRISTINE STEVENSON

407 218 5538

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>    | <u>Address</u>        | <u>Type of Action</u>                   |
|--------------|----------------|-----------------------|---|
| MGR          | FIONA QUINN    | LANEFOOT COTTAGE      | <input checked="" type="checkbox"/> Add |
|              |                | PARDSHAW, COCKERMOUTH | <input type="checkbox"/> Remove         |
|              |                | CUMBRIA CA13 0SP UK   | <input type="checkbox"/> Change         |
| MGR          | LAURA OCKENDEN | 36 SEVENTH AVENUE     | <input checked="" type="checkbox"/> Add |
|              |                | BLACKPOOL FY4 2EB UK  | <input type="checkbox"/> Remove         |
|              |                |                       | <input type="checkbox"/> Change         |
|              |                |                       | <input type="checkbox"/> Add            |
|              |                |                       | <input type="checkbox"/> Remove         |
|              |                |                       | <input type="checkbox"/> Change         |
|              |                |                       | <input type="checkbox"/> Add            |
|              |                |                       | <input type="checkbox"/> Remove         |
|              |                |                       | <input type="checkbox"/> Change         |
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|              |                |                       | <input type="checkbox"/> Change         |
|              |                |                       | <input type="checkbox"/> Add            |
|              |                |                       | <input type="checkbox"/> Remove         |
|              |                |                       | <input type="checkbox"/> Change         |

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

Steven Sam.

Typed or printed name of signee