

218000 260 460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

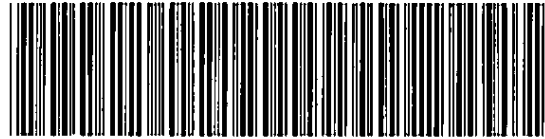
(Business Entity Name)

(Document Number)

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2020 FEB 13 AM 10:29  
CLERK OF COURT

Amend

MAR 09 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA HONEY POT FARMS 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:

RENEE J. KIRWAN

Name of Person

FLORIDA HONEY POT FARMS LLC

Firm/Company

16877 EAST COLONIAL DRIVE, SUITE 415

Address

ORLANDO, FL 32820

City/State and Zip Code

rkirwan222@gmail.com

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

For further information concerning this matter, please call:

ADAM O. KIRWAN

at (407) 210-6622

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

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

FLORIDA HONEY POT FARMS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/06/2018

Florida document number L18000260460

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability 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)**

16877 EAST COLONIAL DRIVE

SUITE 415

ORLANDO, FL 32820

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16877 EAST COLONIAL DRIVE

SUITE 415

ORLANDO, FL 32820

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

KLF MANAGEMENT SERVICES, LLC

New Registered Office Address:

301 N. FERNCREEK AVE., SUITE C

Enter Florida street address

ORLANDO

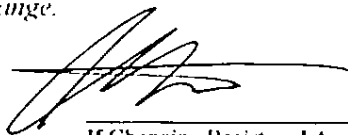
City

, Florida 32803

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

Adam O. Kirwan, Manager of KLF  
Management  
Services, LLC

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	RENEE J. KIRWAN	16877 EAST COLONIAL DRIVE	<input type="checkbox"/> Add
		SUITE 415	<input type="checkbox"/> Remove
		ORLANDO, FL 32820	<input checked="" type="checkbox"/> Change
MGR	KATHLEEN J. ALMULLA	1410 LAKE BALDWIN LANE	<input type="checkbox"/> Add
		SUITE A	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32814	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated February 11, 2020

Signature of a member or author

Signature of a member or authorized representative of a member

ADAM O. KIRWAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fee: \$25.00**