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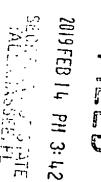
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Ho	ney Done,	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Thomas	Sinor Name of Person	
		Done, LLC	
		Firm/Company	
	2884	S. 8th St.	, Unit 8
		ina Beach, Fl City/State and Zip Code	
	Honeydo E-mail address: (1	one amelia agmito be used for future annual report notifica	ail. COM
For further information con-	cerning this matter, please co	ail:	
Lisa Sche	er C	at (904) 760 - 9	9202
.vanc or i	, and	. dea evae 17ayane v	ecephone . Summer
Englosed 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 Tallahussee, 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



Honey Done	- LLC		2019 FEB 14	PM 3:42
(<u>Name of the Limited</u> (A	Liability Company as it Florida Limited Liability	now appears on our re Company)	cords.)	SEE, FL
The Articles of Organization for this Limited Liab Florida document number <u>L 18000 Z8</u> [ility Company were f OSL	iled on 12-6-2	2018	and assigned
This amendment is submitted to amend the follows	ing:			
A. If amending name, enter the new name of the	ne limited liability co	mpany here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Com	pany," the designation "	LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	<u> ADDRESS)</u>			
		-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on our rec	ords, enter the	name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street aa	ldress	
	Cu	v	. Florida	in Code
	V.11	•	7.	g. sams

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 ad or removed from our records:

MGR = | Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Sinor	1772 1st Ave.	ID Add
		Fernandina Beach, FL 32034	□ Remove
			Change
AMBR	Lisa Scherr	1772 1st Ave	n\dd
		Fernandina Beach, Fl	□ Remove
		3 2034	Change
			🗆 Add
			Remove
			🗆 Change
			Add
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			Change
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			Remove
			Change

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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2/12 Thomas Saw Signature of a member or authorized representative of a member
	Thomas Jawa
	Signature of a member or authorized representative of a member
	Thomas Sinor Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00