L18000281081

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•	,
Honey Don	e LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Lisa Scherr		
		Name of Person	·
	Honey Done LLC		
		Firm/Company	
	PO Box 16348		
	·	Address	
	Fernandina Beach, FL 320.	35	
		City/State and Zip Code	
	lisa@honeydoneamelia.com	t to be used for future annual report not	ification)
For further information e	oncerning this matter, please ea		incanon)
Lisa Scherr		904 7609202	
Name o	f Person	at (at Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 10 -4 74 9:13

Honey Done LLC		
(<u>Name of the Limited Liab</u> (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on January 1, 2019	and assigned
Florida document number [1.18000281081]		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address on our records, <u>enter the na</u> ;	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida	
	City	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
AMBR	Thomas Sinor	PO Box 16348 Fernandina Beach, FL 32035	□Add
			Remove
			= Change
MGR	Lisa Scherr	PO Box 16348 Fernandina Beach, FL 32035	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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ocument's effective date of	on the Department of	State's records.			
record specifies a delayed	l effective date, but n	ot an effective tim	e at 12:01 a.m. on	the earling of the	The one decided
is filed.		or an effective tilling	c, at 12.01 a.m. on	the earlier of (b)	The 90th day after the
September 30		7020		11	
_ JUDICIDICE JU /		2020	/	- //	
ited			// \ /	7	
ated September 30	Was Sunature of a	a member or authorize	Zed representative of	Aghu a member	

Filing Fee: \$25.00