L19000036455

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COVER LETTER

	Registration Se Division of Cor				
SUBJECT	Change of i	Name Requst			
SUBJEC	·	Name of Lim	ited Liability Company		
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please reu	urn all correspo	ndence concerning this matter	to the following:		
		Amanda Blass			
			Name of Person		
		Pearl + Honey, LLC			
			Firm/Company	<u></u> _	
		1000 Thomasville Road			
		Address			
		Tallahassee, FL 32303			
			City/State and Zip Code	 <u></u> .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		milkandhoneytally@gmail.			
For furthe	r information co	e-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	ncation)	
Amanda I	Blass or Erin St	oner	850 765-7126 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed :	is a check for th	e following amount:			
≅ \$2 5.0	0 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 Addres Registration S		Street Address: Registration Sec	ction	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Milk + Honey Salon, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.
ne Articles of Organization for this Limited Liabilit	y Company were filed on March	22nd, 2019 and assigned
orida document number L19000036455	 '	
is amendment is submitted to amend the following	y. Y	
If amending name, enter the new name of the l	imited liability company here:	
earl + Honey, LLC		
ne new name must be distinguishable and contain the words "	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		77
Principal office address MUST BE A STREET AD	DRESS) N/A	707
		3.5 Gi 'T)
		27. W r
nter new mailing address, if applicable:		≥ :11
Aailing address MAY BE A POST OFFICE BOX)	N/A	پ بو
Author Control De l'11 Con Control De l'11 Con	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registerent and/or the new registered office address her		ds, enter the name of the new regi
Name of New Registered Agent: N/.	A	
New Registered Office Address:	A	
	Enter Florida s	treet address
		, 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 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
	N/A		
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Add- □ Remove
			Change
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			Change

N/A	
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be protect. If the date inserted in this block does not meet the appropriate.	rior to date of filing or more than 90 days after filing.) Pursuant to 605 02 blicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's recor	ds.
ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
I	
ted	//
Siana a famour a famo	upported representative of a member

Filing Fee: \$25.00