L19000214607

	equestor's Name)	
(- q	
(Ac	ddress)	
· ·	,	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





200419433642

11/27/23--01026--002 **25.00

2023 NOV 27 PM 1: 14

A. PARISHANI DEC 2 1 2023

COVER LETTER

	•	COVER LETTER		
TO: Registration Sec	tion			
Division of Corp				202
SURJECT: 636	Portside Drive Name of Limit	LLC		हैं ग
	Name of Limit	ied Liability Company	HAS	F1L
			SET.	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	FL08A	
Please return all correspon	dence concerning this matter t	o the following:	AUS.	
•				
	Theres	Name of Person		
			, _	•
	Bite	ME HAMEHADE	ans HONSHADE 1	READ, CLC
		Firm/Company		
	1420 -	Tiffeen bear #2	405	
		Hang have #2	<u> </u>	
		1. 1. 1. 24	26	
		APLES FL 341 City/State and Zip Code		
	biteme . har	nd made - homeno	ade Egmail. Co	om
Englisher information co	oncerning this matter, please ca			
	e Russo	at (914) 9C Area Code Dayti	ma Telephone Number	
Name of	Person	Arca Code Dayo	the relephone (varioe)	
Enclosed is a check for th		T care co Piri F R	☐ \$60.00 Filing	roe.
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of	Status &
		(additional copy is enclosed)	Certified Cop (additional copy	
Mailing Addres	ç.	Street Address:		
Registration S	Section	Registration S		
Division of C P.O. Box 632	-	Division of C The Centre of		
P () B() X ft 3/2	i	1110 0011110 01		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 27 PM 1: 14

2023 NOV 27 PM 1: 14

PARTMENT OF SHATE
PARTSION OF CORPORATION:
TALLAHASSEE FLOPIO

636 PORTSIDE DI	ik, LLC PRI TO
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab BiteMe Honey and Ho The new name must be distinguishable and contain the words "Limited Liabi	and was Tosoto LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1420 Tiffeny Lane Apt 2605 Naples, Florida, 34105
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 142	O Tiffany have Apr 2605 Enter Florida street address
/VA	Ples Florida 34105 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			□Change
			Change 1023 NOV 27 CM I: Change 17/15104 OF CORPORALIUS FALLAHASSEF FLORIUS Change
			V27 QRempte
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			Change

			# <u>#</u>	2023
			AL AL	3 8 1
			도모로	_ <u>-</u>
			SSEE CON ENT	7 · ·
	<u> </u>	1100	FLO FLO	3 5
			75 <u>2</u> 00 103	
				
	-			
				
				
		<u></u>		
				
		·····		
			<u></u>	
fective date, if other than the date of filing:			(optional)	
an effective date is listed, the date must be specific and cannot be priote: If the date inserted in this block does not meet the appl	or to date of filing licable statutory	or more than 90 day filing requiremen	ts, this date will r	not be listed a
ocument's effective date on the Department of State's record	ls.			
			0.45 771 004	. 6 .1
record specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a	i.m. on the earlier	of: (b) The 900	i day after the
ated $11/20/2023$.				
	$\overline{}$			
Therese H. Russ Typed or pri	<u> </u>	ativa of a mambar		

Filing Fee: \$25.00