L20 0000 77216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
S&N& MO22-17 OU Colb form

Office Use Only



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R. 174-71 AUG 28 23 August 27, 2020

MIA LEONARD 66 WEST FLAGLER ST STE 900-#2058 MIAMI, FL 33130

SUBJECT: LIMITED HONEY WORLDWIDE LLC

Ref. Number: L20000077216

We have received your document for LIMITED HONEY WORLDWIDE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 220A00016424

www.sunbiz.org

COVER LETTER

	ision of Corp					
CUDIECT.	LIMITED HONEY WORLDWIDE LLC					
SUBJECT		Name of Limited Liability Company				
The enclosed	d Articles of a	Amendment and fee(s) are sub-	nitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		MIA LEONARD				
			Name of Person			
		SHAMELESS REMOTEE	S LLC			
			Firm/Company			
		3815 Shelley Road South				
			Address			
West Palm Beach, Fl. 33407						
			City/State and Zip Code			
		mialeonard79@gmail.com				
			to be used for future annual report not	theation)		
For further i	information c	oncerning this matter, please ca	all:			
MIA LEON	NARD		561 4241283			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for the	ne 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)		
Re	ailing Addres egistration (ivision of C		Street Address: Registration Se Division of Co			
Р.	O. Box 632	27	The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810		
1 8	allahassee,	rl 32314	2410 N. MOIN	Je Street, Suite 010		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		6 - 20 	5: C2
Limited Honey Worldwide LLC			<u> </u>
(Name of the Limite	<u>ed Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on 8/28/2020	and assigned
florida document number 1.20000077216	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
SHAMELESS REMOTEES LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		66 West Flagler Street	
		Suite 900 - #2058	
		Miami, FL 33130	
Inter new mailing address, if applicable:		3815 SHELLEY ROAD SOUTH	
Mailing address MAY BE A POST OFFICE	BOX)	WEST PALM BEACH	
		FLORIDA, 33407	
B. If amending the registered agent and/or ragent and/or ragent and/or the new registered office addres	registered office :	address on our records, <u>enter the</u>	name of the new regist
igent and/or the new registered office address	<u> </u>		
Name of New Registered Agent:	MIA LEONAF	RD	
New Registered Office Address:	66 West Flagle	er Street, Suite 900 - #2058	
New Registered Office Address.	 -	Enter Florida street address	
	Miami	, Florid	a 33130

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
		<u> anno anno an</u>	□Add
			□Remove
			□Change
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Note:	ive date, if other than the date of filing:
e recoi rd is fi	d 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 led.
Dated	8/28/2020
	Signature of a member or authorized representative of a member
	signature of a member of additionated representative of a member
	Mia Leonard

. . . .

Filing Fee: \$25.00