

LZ0 000146125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

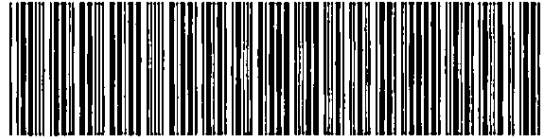
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700348843317

07/24/20--01019--024 *\$25.00

RECEIVED

JUL 21 2020

2020 SEP 20 AM 9:14
CLERK OF SUPERIOR COURT
JUL 21 2020

FILED

SEP 21 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2020

KEVIN JEAN
HONEST LION ADJUSTING, LLC
401 EAST LAS OLAS BLVD STE 130-430
FT LAUDERDALE, FL 33301

SUBJECT: HONEST LION ADJUSTING, LLC
Ref. Number: L20000146125

We have received your document for HONEST LION ADJUSTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 820A00016702

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Honest Lion Adjusting
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Jean
Name of Person

Honest Lion Adjusting
Firm Company

401 E Las Olas Blvd, Suite 130-430
Address

Ft. Lauderdale FL 33301
City, State, and Zip Code

Kevin@honestlion.com
E-mail address (to be used for notice about registered information)

For further information concerning this matter, please call:

Kevin Jean at 954 272-9655
Name of Person Area Code Office or Home Number

Enclosed 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)
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6527
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
3415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.)
CA Florida Limited Liability Company.

The Articles of Organization for this Limited Liability Company were filed on 5/28/2020 and assigned
Florida document number L20000146125

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," "Limited Liability Corp.," or "Limited Liability Co."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(City and State)

Florida _____
(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. If this document is being filed to merely reflect a change in the registered office address, I hereby certify 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Jean	401 E Las Olas Blvd, Suite 130-432 Ft. Lauderdale FL 33301	Add
			Remove
			Change
MGR	Toussaint Jean	401 E Las Olas Blvd, Suite 130-432 Ft. Lauderdale FL 33301	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 69S-0203.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the 90th day after the record is filed.

Dated, September 20 2020


Signature of a member or officer, *(See instructions for signature requirements.)*

Kevin Jean
Typed or printed name of signer