L20000283544

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	



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Office Use Only

Omend/ Name Change

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co.	rporations			
SUBJECT:	Honey Glazed A	CCUSSORIUS UL		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jam	Name of Person		
	Honey Glaz	ed ACCESTORIES LL		
	10001 Palm Coas	St COURT APT 617		
		1MPA, FL 3364 City/State and Zip Code		s 7,%
	shophoneygla	rzed@gmail.com	6-1138	
For further information c	concerning this matter, please co	to be used for future annual report noti all:	reanon)	30 SCT 19 S
Tamesha Name o	J. Glorge	at (808) 780 - Area Code Daytime	e Telephone Number	7
Enclosed is a check for t	he 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	
Mailing Addres Registration 1 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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

The Articles of Organization for this Limited Liability Company Florida document number <u>L2000283544</u> .	were filed on September 10, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab HONEY GIOZED COLLECTION LLC The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	APT UIT Tampa, FL 33647
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a 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:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
rea registered regent a Signature, it 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>	Name	Address	Type of Action
MGR	Jamesha J. George	16601 Palm Coast court	ZAdd
	v	APT 617	□Remove
		Tampa, Fl 33647	□Change
		·	🗆 Add
			□Remove
		□Change	
		□Remove	
		□Change	
	·	□Add	
		□Remove	
		[] Change	
		□Add	
		□Remove	
		Change	
		□Add	
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef) Note:	ive date, if other than the date of filing:
ne recor ord is fi	ed 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	·
	Jamele F. Dear
	Signature of a member or authorized representative of a member
	Jamesha J. Glorge Typed or printed name of stylee

Filing Fee: \$25.00