

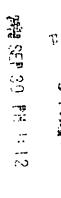
	(Requestor's Name)
	(Address)
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	(Business Entity Name)
	(Document Number)
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COVER LETTER

Registration Section

Division of Corporations

ro:

ывьест: <u>ДО</u> ОТ	E 4 Dreams Dr Name of Limit	ganic Beauty ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Catherine	Name of Person	
Firm/Compso 2203 W PenSacola St #A5 Address Tallahassee FL 32304 City/State and Zip Code Cathyf y53@ cyrail. Com E-mail address: (to be itsed for future annual report notification) For further information concerning this matter, please call: Catherne Foster Name of Person at (850) 264-5429 Area Code Daytime Telephone Number Einclosed is a check for the following amount: X \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	eauty LLC		
	2203 W Per	15acola St #	A5
	Tallahassee	City/State and Zip Code	
	Cathyf 453 6	o be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	ill:	
Catherine F	oSter of Person	at (<u>850</u>) <u>264-5</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$\$25,00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Section Corporations 27	Registration Se Division of Cor The Centre of I	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z-77 30 81 9:06

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 295163</u>	wwere filed on 9282020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial HONEY Dreams Organic Be	211/11/11
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2263 W Pensacola St # A5 Tallahassee FL 32304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	· :

HKNIEY DREAMS LLC

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
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			□Change
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effecti	ve date, if other than the date of filing:
f an eff Note:	etive 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 605 0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
e recor rd is fil	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
G 15 111	eu.
Dated	
Jaca	
	()
	Signature of a member or authorized representative of a member Catherine Foster Typed or printed name of signee

Filing Fee: \$25.00