121000203326

(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



500436872895

09/20/24--01019--010 **30.00

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
HONEY D	EMP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DONNELL BENSON			
		Name of Person		
	HONEY DEMP, LLC			
		Firm/Company		
	932 BALKIN ROAD			
	-	Address		
	TALLAHASSEE, FL 3230)5		
		City/State and Zip Code		
	DJDEMP850@GMAIL.CO			
	E-mail address; (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please co	all:		
NIKI PARKER		850 567-9977 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	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 Address Registration		Street Address: Registration Sec	tion .	
Division of C		Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000203326		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	932 BALKIN ROAD		
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE, FL 32305		
	932 BALKIN ROAD		
Enter new mailing address, if applicable:	TALLAHASSEE, FL 32305		
(Mailing address MAY BE A POST OFFICE BOX)		····	
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 regi	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florid	1	

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 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
AMBR	SURINA ALVARADO	2915 HUNTINGTON DRIVE	□Add
		TALLAHASSEE, FL 32308	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□ Change
		<u> </u>	
			□Remove
			□ Change
		-	□Add
			☐ Remove
			□ Change
			
			□Remove
			□ Change

_							<u> </u>	
-			<u> </u>	-			_	
_						<u>-</u>		
_						<u></u>		
_		 						
_								
_					<u> </u>			
_								
-		_						
_								
_								
_								
-								
_								
-								
_								
. Effecti	ve date, if other t	han the date o	of filing:	he prior to date	of filing or more t	(option	al) ling.) Pursuant to 605.03	207 (3) ₄
Note:	If the date inserted ent's effective date	in this block do	es not meet the	e applicable st	atutory filing red	quirements, this d	late will not be listed	as the
the recordis file		l effective date,	but not an effe	ective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th day after the	he
	SEPTEMBER 5	1	2024	4			• .	
Dated	SEPTEMBER 5	7	,	· ·				
	(K)	<u></u>			_			
		Cianati	ire of a member	r or authorized r	epresentative of a	member		

Typed or printed name of signee