121000365014

(Requestor's Name)
(Address)
(Address)
,
(City/Chata City/Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Secament names)
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SECRETARY OF SELTE
ALLAHASSEE, FLOWER

COVER LETTER

	of Corporations	•	
Hone Suriect:	ey Branch Acres LLC		
	Name of L	imited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matt	er to the following:	
	Dinah Robertson		
		Name of Person	
	Honey Branch Acres		
		Firm/Company	
	1102 A1A N., Suite 102		
		Address	Atab
	Ponte Vedra Beach, FL	32082	
		City/State and Zip Code	
	drobertson@mcgarveyco		
Para Carabana Sa Car		to be used for future annual report no	tification)
For further informa	ation concerning this matter, please	call:	
Dinah Robertson		904 710-6810 at ()	
	Name of Person	Area Code Daytit	ne Telephone Number
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing I	Fce S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	ition Section	Street Address: Registration Se	
Division P.O. Box	of Corporations x 6327	Division of Co The Centre of	
	ssee, FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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OF		2 7
		T ! 2 MAR 2 MAR
Honey Branch Acres LLC		SS 22
(Name of the Limited Liability Company as (A Florida Limited Liability)	t now appears on our records.)	mo » m
(// This all all all all all all all all all al	y Company)	
The Articles of Organization for this Limited Liability Company were	filed on 08/13/2021	and assigned
Florida document number 1.21000365014		ကိုက ိယ်
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
B. If amending the registered agent and/or registered office address	ss on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

. Florida

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
MGR	Matthew S. McGarvey	1102 A1A N., Ste 102	
		Ponte Vedra Beach, FI. 32082	≣Remove
MGR	Timothy S. McGarvey	1102 A1A N., Stc 102	
		Ponte Vedra Beach, 32082	= Remove
MGR	McGarvey Real Estate Sales Inc	1102 A1A N., Ste 102	a Add
		Ponte Vedra Beach, FL 32082	□Remove
			□Change
			□Add
			□ Remove
			□Change
,,,,			□Add
			Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this is locument's effective date on the	ust be specific and block does not a	d cannot be prior	able statutory fil.	more than 90 days a		
record specifies a delayed effect d is filed.	ve date, but no	t an effective t	ime, at 12:01 a.m	, on the earlier of	; (b) The 90th day	y after the
Dated March 16		. 2022				
	7 4					
Ali 11	2/-		$\overline{}$			
Dint	Signature of a	member or auth	orized representation	re of a member		

Filing Fee: \$25.00