

L21 000 375 932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

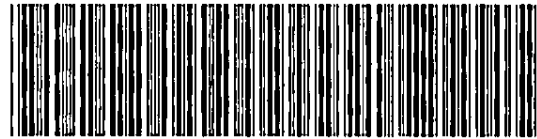
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A. RIVERS

JAN - 3 2023



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10/03/22--01014--001 **25.00

2023 JAN - 3 PM 4:16
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2022

LEXIE BLESSING
1407 NEW HAMPSHIRE AVE.
LYNN HAVEN, FL 32444

SUBJECT: HONEYCOMB LANE LLC
Ref. Number: L21000375932

We have received your document for HONEYCOMB LANE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 822A00028519

2022 JAN -3 PM 12:34

2022 JAN -3 PM 4:16
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Honeycomb Lane

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lexie Blessing

Name of Person

Honeycomb Lane

Firm/Company

1407 New Hampshire Ave.

Address

Lynn Haven, FL 32444

City/State and Zip Code

honeycomblane850@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lexie Blessing

Name of Person

at (850)

Area Code

227 - 6503

Daytime Telephone 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Honeycomb Lane

(Name 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 were filed on August 23, and assigned
Florida document number L21000375932
2021

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," the designation "LLC" or the abbreviation "LLC."

✓ Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1407 New Hampshire Ave.
Lynn Haven, FL
32444

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:

Enter Florida street address

Florida

City

2023 JUN - 8 PM 4:16
OF STATE
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. 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lexie Blessing	1407 New Hampshire Ave.	<input type="checkbox"/> Add
		Lynn Haven, FL	<input type="checkbox"/> Remove
		32444	<input checked="" type="checkbox"/> Change
AMBR	Camille Morin	2445 Pretty Bayou	<input type="checkbox"/> Add
		Bldg. Panama City, FL	<input type="checkbox"/> Remove
		32405	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

Lexie D. Blessing
Signature of a member or authorized representative of a member

Lexie D. Blessing
Typed or printed name of signee

Filing Fee: \$25.00