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SECRETARY OF STATE
TALLAHASSEE, FI

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COVER LETTER

TO: Registration 8 Division of Co		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	David Miller Name of Person Honey High LLC KinnCompany 13203 Whispering Palms PL SW Apt #90 Address Largo Florida 33774 City/State and Zip Code	37
	E-mail address: (to be used for future annual report notification)	707
For further information	oncerning this matter, please call:	
David /	Miller at (772) 323-1295 Area Code Daytime Telephone Number	
Enclosed is a check for	ne following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on s Florida document number L22600 306179 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) 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

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.

City

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>	Address	Type of Action
<u>AMB</u> R	David Seth Miller	13203 WL: Spering Palar PL	SW Apt #907 _ ZLAND Largo FL
			33774 □Remove
MGR	David Seth Miller	13203 Whispering Polar PLSh	_ Change J Apt#907
			33774
			_ 🗇 Change
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`an effective dat <u>{ote:</u> If the da	if other than the date of filing: is listed, the date must be specific and c e inserted in this block does not me ctive date on the Department of Sta	annot be prior to date of items the applicable statu	(opt filing or more than 90 days afte tory filing requirements, th	r filing.) Pursuant to 605.0207
record specifi Lis filed.	s a delayed effective date, but not a	n effective time, at 12	:01 a.m. on the earlier of: (o) The 90th day after the
ated		-117.		
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	Signature of a me	ember or authorized repre	esentative of a member	

David Miller 772-323-1295 13203 Whispering Palms PL SW Apt #907 Largo FL 33774