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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Honey Po	t Bixe Conection	ie Inc
DOCUMENT NUMBER: <u>N.19.0000408</u> 4	1	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
~ · · · · · · · · · · · · · · · · · · ·		
Please return all correspondence concerning this matter	r to the following:	
Ernest	Carrierd Cor (Name of Contact Person	per
((Name of Contact Person	1),
Zencog	Bicycle Com (Firm/Company)	pany
2356 N	Tyra St (Address)	
	(Address)	
_		_
Jackson	nvine, FL 3: (City/ State and Zip Cod	2204
((City/ State and Zip Cod	e)
the honey out bixeco	·	octorion)
For further information concerning this matter, please of	call:	
Ernest Garfield Cooper (Name of Contact Person)	at at (At	219-9193 ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:
S \$35 Filing Fee ☐ \$43.75 Filing Fee & E Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street	Address
Amendment Section		ment Section
Division of Corporations Division of Corporations		in of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Honey pot Bike Collective (Name of Corporation as curre	Inc.
N19000004084	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006. Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2385 Carbett Street
	Jacksonviue, FL 32204
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2356 Myra Street
	Jacksonville, FL 32204 5
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	address:
	<u> </u>
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, 19 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	V Mik SV Sally	<u>i Doe</u> e Jones v Smith	Address Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DT	Ernest Garfield Cooper	1680 Conterbury Street
_ X Add			Jackson Ville, FL
Remove			32205
2) Change	<u>_S</u>	Neal Cordie	253 Sparrow Branch
_X _ Add			Circle
Remove			St. Johns, FL 32259
3) Change	MBR	Michael Parcic	1 Independent Drive
X_ Add			Suite 1900
Remove			Jacksonville, FL 32202
4) Change	MBR_	Troy J Sharpe	314 East 4th Street
<u>X</u> Add			Jacksonville, FL 32206
Remove			
5) Change	MBR	Aucia Ann Smith	1127 Randolph Street
X _ Add			Jacksonvine, FL 32205
Remove			
6) X Change	MBR_	Tray Mayhow	4114 San Cierc Road
Add		·	Jacksonrine, FL
Remove		Page 2 of 1	32217
		4208 / AT 4	

Change MB			rson	Jacks	sorvine, F	L 327	115	
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E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the ar	mendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) rs .) was/were
Dated	0/2019	
have not bee	nan or vice chairman of the board, president or other officern selected, by an incorporator – if in the hands of a receiver.	
other court a	ppointed fiduciary by that fiduciary)	<u></u>
E	(Typed or printed name of person signing)	10 NOV - 1
D	Crector and Treasurer (Title of person signing)	