L07000038852

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6283

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)866-2699

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HONEY BEE HOLDINGS, LLC

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MAY 07 2020

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COVER LETTER

H200001339263

TO: Registration Section
Division of Corporations

SUBJECT: Honey Bee Holdings, LLC
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:

Kim Barajas
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy, Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

managedreports@incorp.com
E mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Barajas for InCorp Services, Inc. at (702) 866-2500
Name of Person Area Code 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

H200001339263

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H200001339263

Honey Bee Holdings, LLC

(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 04/10/2007 and assigned Florida document number L07000038836.

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 "L.L.C." or the abbreviation "L.L.C."

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)

FILED
2020 MAY -6 PM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 *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 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 ad or removed from our records:

MGR = Manager
AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	Michael A Davolt	933 Lee Road, Suite 202 Orlando, FL 32810	☐Add ☐Remove ☐Change
MGR	Michael W Jones	933 Lee Road, Suite 202 Orlando, FL 32810	☐Add ☐Remove ☐Change
MGR	Don Jones	39 Savannah Hill Drive Saint Peters, MO 63376	☐Add ☐Remove ☐Change
AMBR	Michael Davolt	2380 Stockwood Tr Thompsons Station, TN 37179	☐Add ☐Remove ☐Change
AMBR	Michael Jones	1744 W Wabansia Ave Chicago, IL 60622	☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 28, 2020

Signature of a member or authorized representative of a member

Michael Davolt

Typed or printed name of signee

H200001339263

Filing Fee: $25.00