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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLAINE H. HIBBERD, P.A.

Account Number : I20060000169 Phone : (954)768-0070

Fax Number : (954) 768-0070

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HONEY BEE HOME SOLUTIONS, LLC

ECEIVED
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HASSEE, FLORIDA

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S. HAWKES

APR 1 0 2009

EXAMINER

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COVER LETTER

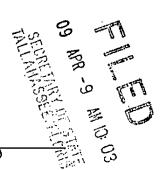
TO: Registration Se Division of Con	ection porations				
SUBJECT: Honey	Bee Home Solutions	s, LLC			
	(Name of Lim	ited Liability Company)			
	Amendment and fee(s) are sub ondence concerning this matter	·			
	Blaine H. Hibberd, Esq.				
(Name of Person)					
Blaine H. Hibberd, P.A.					
(Firm/Company)					
	633 Southeast 3rd Avenue, Suite 301				
	·	(Address)	•		
Fort Lauderdale, Florida 33301					
		(City/State and Zip Code)			
For further information of	concerning this matter, please o	all:			
Blaine H. Hibberd, Esq.		at (954) 768-0070 (Area Code & Daytime Telephone Number)			
(Name	of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the	he following amount:				
☑ \$25.00 Filing Foc	□\$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)		
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURLER Registration Section Division of Corporation Clifton Building			

Taliabassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

9547680778

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Honey Bee Home Solutions, 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 January 30, 20	09 and assigned
Florida document number L09000010122	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited Hability company here:	
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
·		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our records dress here:	s, enter the name of the new
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	(Enter Florida street address)	
·		orida
•	(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 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 608, 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.

MGR - Manager

9547680778

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action <u>Title</u> Name Address Joseph Mondelli, Jr. MGRM 5100 W. Copans Road, #1010 e ✓ Add Margate, Florida 33063 Remove ☐ Add ☐ Remove Remove ĎAdd Remove DbA 🔲 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

> Typed or printed name of signee Page 2 of 2

Blaine H. Hibberd, Esq.

Filing Fee: \$25.00