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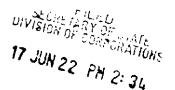
Division of C	Section Corporations		
Callie C	line Designs		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	Justin Honeysuckle		
		Name of Person	
		Firm/Company	<u>.</u>
	1849 Arden Way		
		Address	
	Jacksonville Beach, FL 322	250	
		City/State and Zip Code	
	justinhoneysuckle@gmail.ed		
	E-mail address: (t	to be used for future annual report notif	lication)
For further information	on concerning this matter, please co	ill:	
Justin Honeysuckle		904 463-1095 at ()	
Nai	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fee	S ■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Callie Cline Designs , 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 Comp	pany were filed on $\frac{01/12}{1}$	/2011	and assigned
Florida document number <u>80-0687874</u>	00		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
Honeysuckle Designs and Consulting, LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company." the desig	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		~
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			-

B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ur records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		. Florida	
	Сиу	, Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my as provided for in Cha	v duties, and I am fo upter 605, F.S. Or, i	ımiliar with and if this document is
Īf	Changing Registered Agent	t. Signature of New Res	ristered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			C Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
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			Add
			Remove

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	e of filing:	(option: iling or more than 90 days after fili ory filing requirements, this da	al) ing.) Pursuant to 605. ate will not be liste
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etive date, if other than the date effective date is listed, the date must be effective date inserted in this block uncent's effective date on the Department's effective date of the Departmen	fective date, but not an effective date, but not an effective date.		

Filing Fee: \$25.00