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R. HUNT

COVER LETTER

TO:

	istration Se ision of Cor			
et bucca.	Honest Med	dicare Solutions, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jeffrey Treganowan		
		-	Name of Person	n. ;
		Real Honest Solutions, LL	С	
			Firm/Company	14 N
		5753 Highway 85 N #133	9	AN 9: 37
			Address	m ₀ 9
		Crestview, FL 32536		37 FATE
			City-State and Zip Code	
		jtregbeach@gmail.com		
			to be used for future annual report notification)	
For further in	iformation c	oncerning this matter, please c	all:	
Jeffrey Trega	anowan		850 598-3703	
	Name o	(Person	Area Code Daytime Telephone	e Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	ling Addres		Street Address:	
	gistration S	orporations	Registration Section	_
). Box 632		Division of Corporations The Centre of Tallahasse	
	lahassee, F		2415 N. Monroe Street,	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Honest Medicare Solutions, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
he Articles of Organization for this Limited Liability Company	y were filed on July 1, 2012	and assigned
lorida document number L12000087725		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
eal Honest Solutions, LLC		
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation."L.L.C."
nter new principal offices address, if applicable:	·	
rincipal office address MUST BE A STREET ADDRESS)		
		- K-4 - 111
		留日本ロ
nter new mailing address, if applicable:		9:3 FE.F.
failing address MAY BE A POST OFFICE BOX)		m J
. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	Ciņ	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 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			= Change
			
			= Remove
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Dated October 18 2022	e 90th day after the	me, at 12:01 a.m. on the earlier of: (b) The 90th day	re date, but not an effective to	secifies a delayed effective da	record specifies Lis filed.
11/7		<u> </u>	2022	ober 18	ated October 18
			1117	1	
Signature of a member or authorized representative of a member		orized representative of a member	Signature of a member or author		