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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SURJECT: Honey Hame 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:	
Andrea (abera Name of Person	
Horray Hornes Manni LLC Firm'Company	
2822 WASHINGTON STREET	
HOLLYWOOD, FL, 33020 City/State and Zip Code	
Division of Corporations  SURJECT: Honey Homes Mami 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:  Andrea (a deeper Name of Person  Honey Homes Mami LLC  Firm/Company  2822 WASHINGRON STREET  Address	
For further information concerning this matter, please call:	
Outpet (abjerg at (305) 431-6566  Name of Person at (305) Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	

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

Honey Homes	Miami LLC	
(Name of the Limited Liability Co (A Florida Limi	oppany as it now appears on our records.) ited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp.	pany were filed on $\frac{4}{25/2}$	017 and assigned
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 L	.iability Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>→ &gt;</b> <i>\( \omega</i> \)
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<b>18</b>
		FE AR
		TARY ASSE ASSE
Enter new mailing address, if applicable:	<del> </del>	<u> - 고</u> 다이워
(Mailing address MAY BE A POST OFFICE BOX)		No.
		1AT ORI
		(4) (A)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new
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 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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEXANDER SOTNIKOV	2822 WASHINGTON ST	b Add
		Holiywood, Fl. 33020	
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ ∧dd
			Remove
			Change
			Remove
			Change
			□ Remove
			Change

PM 7: 4	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:  2 1 7 0 8 (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)  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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.		_
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Effective date, if other than the date of filing: 21700 (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 (ONe): 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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.		
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		rlier of:
	Dated	
Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member	
Andrea Cabier	N 1	

Page 3 of 3

Filing Fee: \$25.00