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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

 $\mathcal{L}_{\mathsf{dennual}}$  report mailings. Enter only one email address please.\*\* Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HONEY ONE COMMERCIAL, LLC

\*\*Enter the email address for this business entity to be used for future

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T. LEMIEUX JUN 28 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Honey One Commercial, LLC	•		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		<del></del>
The Articles of Organization for this Limited Liability Company were f	filed on	and	assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
	`	•	202
B. If amending the registered agent and/or registered office address	s on our records, enter the nar	<u>ne of the</u>	new register
agent and/or the new registered office address here:			· #
			$\sim$
Name of New Registered Agent:			-J ,
		-	ا با المور الم
New Registered Office Address:	Enter Florida street address		<u> </u>
	Gares i Aurida Mirer dagress	<i></i>	17
	Florida		
Cit	h:	Zin Co	ele

## 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>	<u>Name</u>	Address	Type of Action
MGR	Fabian G. Bogle	2709 E. ATLANTIC BLVD.	<b>=</b> Add
		POMPANO BEACH, FL 33062	
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<u></u>			□Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet	the applicable	te of filing or more ( statutory filing re	option han 90 days after fi quirements, this c	al) ling.) Pursuant to 605. late will not be liste	0207 d as :
record specifies a delayed effective d is filed.	date, but not an e	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
Dated	20	023				
		 \$7				

Filing Fee: \$25.00