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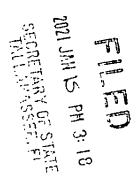
(Requestor's Name)
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2/23/21

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Name of Limite	ed Liability Company	<u>. c</u>	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please return all correspo	ndence concerning this matter to	the following:		
·	Alisaa	Converse. Name of Person		
	America	Firm/Company	,	
-	4708 Alexa	Address		
-	Conecicon non	City/State and Zip Code	hail. Com	
For further information of	oncerning this matter, please cal	l:		
Alison Coo	NECSE f Person	at (860) 333 Area Code Daytin	- 7085 ne Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$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)	
Mailing Address Registration 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 JAN 15 PM 3: 18

SECRETARY OF STATE TALLAHASSEE, FL (Name of the Limited Liability Company as it now appears on our records.)

(A Fionda Limiteo I	Juditry Company)
The Articles of Organization for this Limited Liability Company	were filed on 9/10/2013 and assigned
Florida document number <u>L18000214799</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
American Honey Creamen on The new name must be distinguishable and contain the words "Limited Liabil	to College Co. LLC
The new name must be distinguishable and contain the words. Elimiet 1.1aon	
Enter new principal offices address, if applicable:	4919 9cm s, E
(Principal office address MUST BE A STREET ADDRESS)	Palmetto FL
	34321
Enter new mailing address, if applicable:	4919 9cm st E
•	
(Mailing address MAY BE A POST OFFICE BOX)	Palmetto, EL
	3499)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	24 000
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

N/X

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member **Type of Action** Address Title Name | □Add □Remove _____ Change Remove _____ □Change □Add Remove ______ Change \square Add Remove □Add □Remove □ Change □Add □Remove

Change

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an effective date	if other than the	st be specific and	d cannot be prior	to date of filir	g or more than	90 days after	filing.) Pursuar	nt to 605.0207
Note: If the date	inserted in this b	lock does not r	nect the applic	cable statutor	y filing requi	rements, this	aate wiii noi	, be listed as
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		Signature of a	member or auth	orized represe	ntative of a m	emner		

Filing Fee: \$25.00