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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

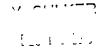
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COVER LETTER

TO:	Registration S Division of Co			
CHD III	HoneyBee	Cove, LLC		
SUBJE.			nited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	r to the following:	
		Loretta E. Corbitt		
			Name of Person	
		HoneyBee Cove,LLC		
			Firm/Company	
		100 Cario Court		
			Address	
		Daytona Beach Fl 32117		
		honeybeecovelle.com	City/State and Zip Code	shee covelle com
		E-mail address: (to be used for future annual report notific	ration)
For furth	ner information o	concerning this matter, please c	all:	
Loretta	E. Corbitt		386 3074205 at ()	
-	Name o	f Person		Felephone Number
Enclosed	l is a check for th	ne 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 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

HONEYBEE COVE ASSISTED LIVING FACILITY	', LLC	
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 24, 2019	and assigned
Florida document number L19000241491		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	ility company here:	
HoneyBee Cove, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1439	N. US HW
(Principal office address MUST BE A STREET ADDRESS)	Suite	A6
		nd Beech/1
		32174
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	7×	2015
B. If amending the registered agent and/or registered of	ر برخار برخار	香工
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address ner	है। । १९	* m
Name of New Broistand Assess		A B O
Name of New Registered Agent:		- Ω - Ω
New Registered Office Address:	Enter Florida street address	<u> </u>
	Smer Florida Meet address	
	, Florida	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
			☐ Remove
			Change
			□ Remove
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E Coat	ive date, if other than the date of filing:
(Han eff Note:	become 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the dent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
2,,,,,	Oretta E. Corletto Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Loretta F., Corbitt

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Typed or printed name of signee

Filing Fee: \$25.00