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2020 MAY 21 AM 9: 48
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COVER LETTER

TO: Registration Se Division of Cor			
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SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John B Calhoun		
		Name of Person	
	Southern Table Honey & F	live, LLC	
		Firm/Company	· • • • • • • • • • • • • • • • • • • •
	7222 Anhinga Farms Rd		
		Address	
	Tallahassee, FL 32309		
		City/State and Zip Code	
	calhounjb@icloud.com E-mail address: ()	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	-	•
John B Calhoun		850 559 2298	
Name o	f Person	at () Area Code Daytime	Telephone (Sumber
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records) IVC 1/2001 (1)

FILED

SOUTHERN TABLE HONEY AND HIVE, LLC

2020 MAY 21 AM 9: 45

TALEAHASSEE, PLOS (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 21, 2020 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida ___

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.

It 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
AMBR	John B Calhoun	7222 Anhinga Farms Rd	□Add
		Tallahassee, FL 323099	□Remove
			■Change
MGR	Meredith O'Rourke	7222 Anhinga Farms Rd	■Add
		Tallahassee, FL 32309	□Remove
			☐Change
		 	□Add
			□Remove
			□Change
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			□Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			□Change

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in effe o <mark>te:</mark>	ve date, if other than the date of filing:
ecoro is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
ted_	May 1 2020
	NC/L

Filing Fee: \$25.00