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COVER LETTER

TO: Registration Se Division of Cor			
Virtual Ho			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	Name of Limited Liability Company Name of Limited Liability Company sicles of Amendment and fee(s) are submitted for filing. torrespondence concerning this matter to the following: Jenny Countz		
	Jenny Countz		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkerest Drive, Suit	e 103	
		Address	
	Austin, TX 78731		
For further information c			(meanon)
Jenny Countz			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S			ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, l	F1, 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virtual Honeycomb LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records. orida Limited Liability Company))	
The Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{0.3/24/2020}{}$		and assigned
Florida document number 1.20000088538	·		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Her Voice Hub LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET AL	DDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
		∂ r	23
B. If amending the registered agent and/or regist agent and/or the new registered office address he			the new registere
agent and/of the new registered office address ne	<u>rc</u> .	, (7
) <u> </u>
Name of New Registered Agent:		<u> </u>	1
New Registered Office Address:			
	Enter Florida street address	NTE	-
=	Flor		
	City	7.	ip 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 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
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□Change
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