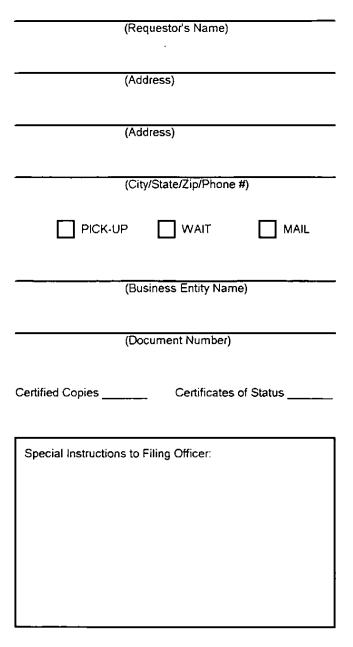
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COVER LETTER

		iration Sec omof Corp			, • - ·		
SUBJEC	H Tr:	oneyData T	Cechnologies LLC		er.		
		Name of Limited Liability Company					
The enck	osed A	rticles of A	mendment and fee(s) are sub	mitted for filing.			
Please rei	turn al	l correspon	dence concerning this matter	to the following:			
			Arturo Del Rio Jr.				
				Name of Person			
			HoneyData Technologies,	LLC.			
				Firm/Company			
			16416 US Hwy 19 N, lot 9	18			
				Address			
			Clearwater, FL 33764				
				City/State and Zip Code			
			arturodelriojr@gmail.com				
				to be used for future annual rep	ort notification)		
For furthe	er info	rmation cor	ncerning this matter, please ca	all:			
Arturo De	Arturo Del Rio Jr. 609 410-6052			052			
Name of Person			Daytime Telephone Number				
Enclosed	is a ch	eck for the	following amount:				
\$ 25.0	00 Filit	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified C	of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

HoneyData Technologies, LLC.

2020 UT | 25 PH 3: 29

(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 04/20/2020	and assigned
Florida document number L20000106578	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
ADR Enterprise LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or register	ed office address on our records, enter th	e name of the new regis
gent and/or the new registered office address here	:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	:. 1
		KIX

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Add
			□ Remove
			□ Chance

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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 blood document's effective date on the Department.	be specific and cannot ck does not meet the	he applicable	te of filing or more statutory filing re	than 90 days after tequirements, this	iling.) Pursuant to 60	5.0207 (sted as t
record specifies a delayed effective d is filed.	date, but not an ef	fective time, a	at 12:01 a.m. on	the earlier of: (b)	The 90th day aft	er the
June 12 Dated	202	20				
		·				
	/					
	ignature of a membe					

Filing Fee: \$25.00