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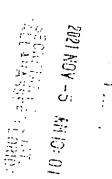
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COVER LETTER

Division of Corporations
SUBJECT: TDM Honda Holdings, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Henderson Name of Person
JDM Honda Holdings, LLC Firm/Company
726 DUNWILL DIVE
Orlando, FL 31875 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Henderson at (407) 701-8089 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certifica

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

MUT	Honda Holdings, LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>し </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	CSS)
Enter new mailing address, if applicable:	2121 W
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	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
	City 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 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

Title	Name	Address	Type of Action
MGA	John J. Bernard"	726 Dunmill Dr.	\ Add
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Effective date, if other (If an effective date is listed Note: If the date insert document's effective date in the	, the date must be specific ed in this block does r	ic and cannot be prior to not meet the applical	o date of filing or more ble statutory filing re	(optiona than 90 days after filin equirements, this dat	g.) Pursuant to 605,0207
ne record specifies a dela ord is filed.				the earlier of: (b)	The 90th day after the
Dated	10/3	11. 2021	_·		
		NA	_		
	Signature	of a member or author	ized representative of	a member	<u> </u>

Filing Fee: \$25.00