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2027 MAY 23 PM 12: 20 SECRETARY OF STATE TALL AHASSEE, FL

COVER LETTER Registration Section TO: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Che Scott Name of Person Honor Moves Inc Firm/Company 1430 Brickell Bay Drive 402 Address Miami, Fl 33131 City/State and Zip Code chescott@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Che Scott 305 815-4083 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 MAY 23 PH 12: 28 HONOR MOVES INC (Name of the Limited Liability Company as it now appears on our records:) A: TARY OF STATE

(A Florida Limited Liability Company)

TALL ALLA COLE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _______L21000155244 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Honor Moves LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

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

Title	Name	Address	Type of Action
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the	must be specifi is block does	ic and cannot be not meet the a	prior to date of to pplicable statu	iling or more tha	(option n 90 days after fil irements, this d	ling.) Pursuar	nt to 605.0207 be listed as
document's effective date on the	e Department	or State's rec	ords.				
e record specifies a delayed efferd is filed.	ective date, bu	t not an effect	ive time, at 12:	01 a.m. on the	earlier of: (b)	The 90th d	ay after the
May 17		2022					
Dated	- C &		· ·				
	Signature	of a member or	authorized repre	sentative of a m	ember		
	Signature	or a monitor or			•••••		