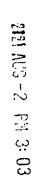


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COVER LETTER

SHRIFCT:	Honey and	Company at the Fort LEC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkcrest Dr., Suite 2	207	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.co		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Jenny Counta	<i>7.</i>		844 493-6249	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

.

Registration Section Division of Corporations

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Honey and Company at the Fort LLC				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number 1.21000330576				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	100 S 2nd Street			
Principal office address MUST BE A STREET ADDRESS)	Unit 207			
	Fort Pierce, FL 34950			
Inter new mailing address, if applicable:	7725 99th Court	AC:		
Mailing address MAY BE A POST OFFICE BOX)	Vero Beach, FL 32967-6421	1 22		
		<u> </u>		
		<u>.</u>		
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	ffice address on our records, <u>ent</u>	er the name of the		
season agent and/of the new registered office address ner	<u>c.</u>	~		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zin 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 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
AMBR	James McElwee	237 JOHN HAND DRIVE	
		CEDARTOWN, GA 30125	
		CLDARTOWN, GA 30123	■ Remove
			Change
			Add
			□ Remove
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fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	lock does not meet the appli	icable statutory filing	(option ore than 90 days after fit requirements, this d	al) ing.) Pur ate will	suant to 605.020 not be listed a
record specifies a delayed The 90th day after the rec	d effective date, but noord is filed.	ot an effective ti	me, at 12:01 a.r	n. on t	the earlier o
ted July 29	. 2021	·			
/s/ Emma L McElwe	ee Signature of a member or aut	horized representative of	of a member		

Page 3 of 3

Filing Fee: \$25.00