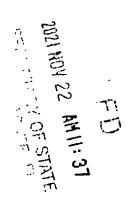
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Office Use Only

A. RIVERS

DEC - 9 2021

COVER LETTER

TO:

TO: Registration Se Division of Cor			. •	
	NEY LENDING, LLC		·	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David C Johnson			
		Name of Person		
	Blue Honey Lending, LLC			
		Firm/Company		
	8532 Wyckham Place			
		Address		
	Pensacola, FL 32514			
		City/State and Zip Code		
	dcj.bhm@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please co	all:		
David Johnson		850 221-6866	cation) Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) tion corations allahassee	
Name o	f Person		me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Mailing Address Registration		Street Address: Registration S	ection	
Division of C		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE HONEY LENDING, LLC		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records,) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000488703	Company were filed on 11/12/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BLUE HONEY LENDING LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	NOW 22 AM II: 3
	, Flori	da <u>rri</u> Zip Code
	City	colo com

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Title Name			
			□Remove
			□Change
			□Add
			□Remove
			□Add
			∐Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Add
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ective date, i	f other than the date of filing: (optional)	
effective date is te: If the date	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.020° ed as
	tive date on the Department of State's records.	
cord specifies sfiled.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
o ifical.		
November ed	2021	
	$\frac{1}{2}$	

Typed or printed name of signee