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From:

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ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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COVER LETTER

TO;	Registration Sc Division of Cor			
/1a.bas *		EISURE LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	PARTY PROFINE TO 174 4 - 8 - 20 1 Fr
The er	nclosed Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717	Name of Person Firm/Company Address City/State and Zip Code ess: (to be used for future annual report notification) ase call: 300 773-0888 at (
		CUSTOMER EMAIL	City/State and Zip Code	19871-6-2
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Mike	Town		800 773-0888	
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MAILING ADDRESS: 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

2024-09-20 11:05:48 PDT LegalZoom.com, Inc. ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF

LIV ATHLEISURE LEC		
(Name of the Limited Liability Compa (A Florida Lumied	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000260938</u>	were filed on <u>05/30/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Honicove LLC		
The 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:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		2024 SEP 20 FT III For the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
Sew Registered Agent's Signature, if changing Registered Agent:	Cuy	Lip Code

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

To: Page: 5 of 6 2024-09-20 11:05 48 PDT LegalZoom.com, Inc. From: Michael Matheny II 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>	Name	Address	Type of Action
AMBR	Sara Jaar	1643 Brickell ave MIAMI, FL 33129	■ Add
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(If an effective da <u>Note:</u> If the da	e, if other than the date of filing:	nt to 605.0207 (3Xb) be listed as the
f the record sp b) The 90th c	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	e earlier of:
Dated A	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee