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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Horsey & Do List 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:
Chelsea Wyleren Name of Person
Honey 2 Du list LLC
1263 Suth Gt Street
Fernanda Beach Fl 32034 City/State and Zip Code Herney do 1.3-1.10 @ Out took o Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (9°4) SSS 206C) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z \$25.09 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(cadditional copy is enclosed) \)
Mailing Address: Registration Section Street Address: Registration Section

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

Name of the Limited Liability Cor (A Florida Limit	して主 よんじ mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on(0/8/2	and assigned
Florida document number _ L23000375554		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LI	
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS))	
		<u> </u>
Enter new mailing address, if applicable:		SCENE D
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>entc</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	F	lorida Ziv 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. Thereby 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	<u>Name</u>	Address	Type of Action
CEO_	Spencer Sellors	1263 South 6th Street	
		Fernandina Beach FL 3:	€03Y□Remove
			□Change
			□Add
			□Remove
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			🗀 Add
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			□Change

	<u> </u>
<u>Note</u>	tive date, if other than the date of filing:
he rece ord is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00