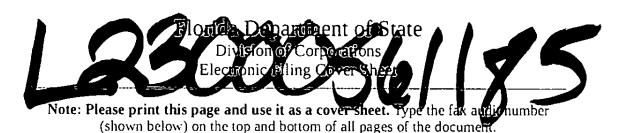
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To:	Division of Corporations Fax Number : (850)617-6383	
From:		
. , 0	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081	
	Phone : (307)200-2803	
	Fax Number : (813)436-5206	
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Enter the e annual	email address for this business entity to be used for fu report mailings. Enter only one email address please.	ture
	Address:	L.,
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HoneyComb Realty LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.)
	•
The Articles of Organization for this Limited Liability Company were filed on	01/01/24 and assigned
Florida document number L23000561185	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>, here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," t	he 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)	2:
	224), ~
	17
B. If amending the registered agent and/or registered office address on ou	ir records, enter the name of the new registere
agent and/or the new registered office address here:	
	~ :
Name of New Registered Agent:	<u></u>
	65
New Registered Office Address:	Florida street address
East.	
	, Florida Zip Code
Cuy	Ziji Civic

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.

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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	STARMER, CHRISTINA	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	ØRemove
			Change
AMBR	Valentin, Chloe	121 Lanier Dr	Z]Add
		Landrum, SC 29356	□Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicab	date of filing or more than 90 ole statutory filing requires	(optional) Odays after filing.) Pursuant to 605.0207 (ments, this date will not be listed as t
the record specifies a delayed effective cord is filed.	date, but not an effective tim	c, at 12:01 a.m. on the car	lier of: (b) The 90th day after the
Dated April 25th	2024	_•	
	Not Sm		
	Signature of a member or authori	zed representative of a mem	ner
Nat Smith			
	Typed or printed	name of signee	