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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	Honey Lake Farms,	Inc					
NAME OF CORPORATION	ON:						
	N17000004467						
DOCUMENT NUMBER:							
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.					
Please return all corresponde Lisa () Gunter	ence concerning this matte	er to the following	:				
	· <del>.</del>	(Name of Contact	t Person	)			
Honey Lake Farms, Inc						<del>.</del>	2023 OCT 1 U
	,,,,,,	(Firm/ Comp	any)			, <del>-</del> -	5
PO Box 551019						2 2	
Jacksonville, FL 32216		(Address	)				
info@stovallweemsministri	es.com	(City/ State and Z	•			,-C5,	
	-mail address: (to be used	I for future annual	report ii	otification	1)		
For further information con-	cerning this matter, please	call:					
Titus D Gunter			904 at	ļ.	449-1150		
	(Name of Contact Person	)	(Arc	a Code)	(Daytime Telep	hone Number)	1
Enclosed is a check for the !	following amount made pa	ayable to the Flori	da Depa	rtment of	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing In Certified Copy (Additional copenctorsed)		Certifi Certifi	) Filing Fee cate of Status ed Copy ional Copy is sed)		
	ent Section of Corporations		Amenda Division	Address ment Secti n of Corpo entre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Honey Lake Farms, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N1700000-1467 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Honey Lake Farms, Inc. (Mailing address MAY BE A POST OFFICE BOX) PO Box 551019 Jacksonville, FL 32216 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X. Remove X. Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
l)Change Add	TCFO	Connic A Mussells	2375 Covington Circle Jacksonville, FL 32216		
X   Remove	DES	Lisa () Gunter	2627 Belfort Rd Jacksonville, FL 32216	:!	7023 pGT
Remove 3 ) Change Add Remove				32.	pgr 10 PH12:
4) Change Add					— 12: 56
Remove  5) Change Add		_			<del></del>
Remove 6) Change Add		<del></del>			<u>—</u> —
E. If amending or additional she	ng additi ets, if nec	onal Articles, enter change(s) here: essary). (Be specific)			
					<u> </u>

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		_ _ _		
		2023 OGT 10 PH 12: 56		
	S.	PH 12: 56		
The date of such amountained adoptions	se.	albor than the		
The date of each amendment(s) adoption: date this document was signed. September 22, 2023  Effective date if applicable:  (no more than 90 days after of the				
<u>Note:</u> If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	atutory filing requirements, this date will not be list	ed as the		

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

(Title of person signing)

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