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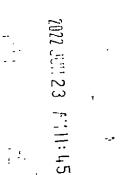
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of 9/20/2022

COVER LETTER

TO: Amendment Section Division of Corporations

year of the transfer of particular to the second of the se

Tallahassee, FL 32314

NAME OF CORPORATION: HONEY LANE DISTILLERY INC.				
DOCUMENT NUMBER: P17000068883				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
EDVVARD A. OSTOPOVICH III Name of Contact Person				
HONEY LANE DISTILLERY INC.				
5175 INTERNATIONAL AVE				
MIMS, FL 32754 City/ State and Zip Coos				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
FDWARD OSTDPOVICH at 321 693-9684 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\sum \text{S43.75 Filing Fee & } \sum \text{S43.75 Filing Fee & } \sum \text{S52.50 Filing Fee } \text{Certificate of Status } \text{Certified Copy } Certified				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of micol	por action
HONEY LANE DISTILL	ERY INC. 2022."" 23 1st [filed with the Florida Dept. of State]
07 . 0007	
(Document Number of Course to Number of Course	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent N A	
(Florida stree	t address)
New Registered Office Address: New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of Nov. Reg	istered Agent, if changing
Check if applicable	weeve rigens, y ununging

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

. 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	ANDREW KONZEN	15842 Carland Ct.
Add Kemove			Clermont, FL 34711
2) X Change	YP	Edward A OstopovidiTV	·
Add		/	5175 INTERNATIONAL AVE
Remove Change			MIMS, FL 32754
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
·					
· · · · · · · · · · · · · · · · · · ·					
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.				
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:				
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:				
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:				
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:				

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The date of each amendment(s) adoption: date this document was signed.	JUNEIL, 2022	, if other than
Effective date <u>if applicable</u> :	(NO more than 90 days after amendment)	file date)
Note: If the date inserted in this block does document's effective date on the Department		uirements, this date will not be listed as
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		or the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti.	the shareholders through voting groups. The ng group entitled to vote separately on the an	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	1
by	voting group)	
(i	oting group)	
Dated June 11, 2	DUD D.	
Signature desired		
(By a director, pr	esident or other officer - if directors or office	
-	icorporator – if in the hands of a receiver, tru ary by that fiduciary)	stee, or other court
5	woad ANTHONY DSTUPOWEL (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
ρ	3E51DENT	
	(Title of person signing)	

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