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TALLAHASSEE, FLORIDA

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JUN 2 7 2022 S. PRATHEK

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: HOW	VOVO Into	ted Liability Company	S LLC
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Latoya	Name of Person	
	<u> </u>	Firm/Company	
	1904 QC	ordon Oaks Address	DR.
_	Plant c	City/State and Zip Code + City/State and Zip Code	103 s@gmail.com
For further information cons		to be used for future annual report notific	cation)
For further information conc	toward	at (813) 76 ^L	Telephone Number
Enclosed is a check for the f	Tollowing amount: ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

HOWARD Internal Companies (A Florida Limited L	Y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on Sept B, 2019 and assigned
Florida document number <u>L190003331</u> .62) A
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Howard Ideal Sen	ICES LLC.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1204 gardon cars Dr.
(Principal office address MUST BE A STREET ADDRESS)	Plant City FL 35563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name of the new registerec</u>
traine of the Registered regard.	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip 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, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	e date, if other th	date must be sp	ecific and cannot	ot be prior to	date of filing or r	nore than 90 da	_ (optional) ays after filing.) Pui	rsuant to 60	5.0207
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