

L22000321109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

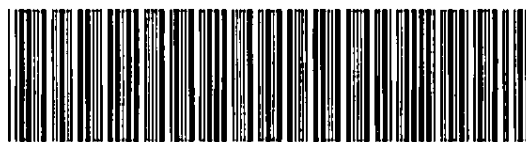
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J DENNIS
NOV 08 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 160 HOWES ST 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:

PAUL COMINO
Name of Person
CASH2BUILD
Firm/Company
3737 N US 1
Address
COCOA, FLORIDA 32926
City/State and Zip Code
PAUL@HOMINATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL COMINO at (574) 202-7070
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

160 HOWES ST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 19, 2022 and assigned Florida document number L22000321109.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CASH2BUILD	3737 N US 1	<input checked="" type="checkbox"/> Add
		COCOA, FL 32926	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CASH2BUILD	3737 N US 1	<input checked="" type="checkbox"/> Add
		COCOA, FL 32926	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK A OSSENFORT	3732-4 US 1 N	<input type="checkbox"/> Add
		COCOA, FL 32926	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN KIABLICK	PO BOX 21	<input type="checkbox"/> Add
		OAK HILL, FL 32759	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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