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T. HAMPTON

NOV - 6 2009

EXAMINER

COVER LETTER

TO:	egistration Section vision of Corporations			
SUBJI	: The Howat Group Name of Limited Liability Company			
The en	ed Articles of Amendment and fee(s) are submitted for filing.			
Please	rn all correspondence concerning this matter to the following:			
	Melindah. Butler The Howat Group 1700 N. Monroe St., Suite 11-135 Firm/Company Address Tallahassee FL 32303 City/State and Zip Code iprivatized & Comcast, net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
U	Name of Person at (850) 508-5887 Area Code & Daytime Telephone Number			
Enclos	a check for the following amount:			
▼ \$2.	Filing Fee \$\bigsquare \\$30.00 \text{ Filing Fee & }\bigsquare \\$55.00 \text{ Filing Fee & }\bigsquare \\$60.00 \text{ Filing Fee.} \\ Certificate of Status & \\ (additional copy is enclosed) \\ Certified Copy \\ (additional copy is enclosed) \\ (additional copy is enclosed) \\ \end{additional copy is enclosed}	l)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HOWAT GI	ROUP	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on o d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LO4000345</u> 5	ny were filed on <u>05</u> 0	36 2004 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," tl	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOV -5 AM IT: 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Fntor Fl.	orida street address
	Linei Fit	maa sir eer aaan ess
	City	, Florida 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 608, 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 2 & Melind H. But Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00