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	(Requestor's Name)	
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DICK: 1	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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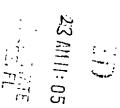


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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Hauber Fov	vler & Associates, LLC		
SUBJEC		Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Sharon Kay Hauber		
			Name of Person	
			Firm/Company	
		623 Longmeadow Circle		
			Address	
		Longwood, Florida 32779		
			City/State and Zip Code	
		sharon@hauberdesign.com	(Current email SN) to be used for future annual report notif	eron@hauber fowler.com) cation Changeron April 30, 202.
For furthe	er information co	oncerning this matter, please ca		Changeron 27/211 30, 202.
Sharon K	Kay Hauber		407 774-2262 at ()	
-	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S		Street Address: Registration Sec	tion

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hauber Fowler & Associates, 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 May 1, 2007 and assigned Florida document number L07000039162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HAUBER DESIGN ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Same Street Address Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Post Office Box 917842 Enter new mailing address, if applicable: Longwood, Florida 32791 (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

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			□Remove
			□Change
		·	Remove
			□Change
			□Remove
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effective date is listed, the date must l	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
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cord specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
s filed.	and some and the source time, at 12.00 and on the source of (b). The source and	
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ed	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00