

107 000059969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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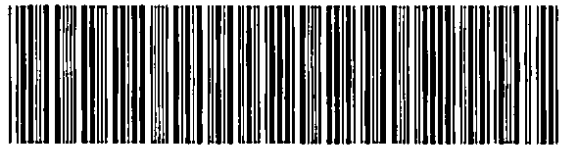
(Business Entity Name)

(Document Number)

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APR 02 2020

S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATE
FINANCIAL SERVICES

2020 MAR 20 AM 7:06

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Howard Properties, 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:

William Howard

Name of Person

Howard Properties, L.L.C.

Firm/Company

4025 NW 69th Street

Address

Gainesville, Florida 32606

City/State and Zip Code

Howard04@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Howard

352 214-4307
at ()

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
Tallahassee, FL 32314

Street Address:

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 Properties, LLC.

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

FILED
2020 MAR 20 AM 7:06
CLERK OF CIRCUIT COURT
JULIA HARRIS, CLERK
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2007 and assigned
Florida document number 1.07000059969.

This amendment is submitted to amend the following:

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

Howard Properties II, LLC

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

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Task	Time	Cost	Benefit	Net Benefit	Decision
Task 1	10	20	30	10	<input type="checkbox"/> Add
Task 2	15	30	40	10	<input type="checkbox"/> Remove
Task 3	20	40	50	10	<input type="checkbox"/> Change
Task 4	25	50	60	10	<input type="checkbox"/> Add
Task 5	30	60	70	10	<input type="checkbox"/> Remove
Task 6	35	70	80	10	<input type="checkbox"/> Change
Task 7	40	80	90	10	<input type="checkbox"/> Add
Task 8	45	90	100	10	<input type="checkbox"/> Remove
Task 9	50	100	110	10	<input type="checkbox"/> Change
Task 10	55	110	120	10	<input type="checkbox"/> Add
Task 11	60	120	130	10	<input type="checkbox"/> Remove
Task 12	65	130	140	10	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single page from a notebook or ledger. It features ten horizontal blue lines spaced evenly apart, providing a guide for writing. The lines extend across the width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings present on the page.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/16/2020

William Howard
Signature of a member or authorized representative of a member

William T Howard

Typed or printed name of signee

Filing Fee: \$25.00