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(Requestor's Name)				
Michael E. Sopher 1812 1st St. Indian Rks Bch. FL 33785				
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JUN 2 2 2009

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Howrap J	nnovations	<u>LLC</u>	
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on or orida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liab		29,7008 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the how name must be distinguishable and end with to "L.L.C."	1 Investmen		
Enter new principal offices address, if applicab	le:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET.	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	7009 SE	
	 		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our re		
registered agent and/or the new registered office	e address nort.	AH IO: OF STA	
Name of New Registered Agent:		21 5	
New Registered Office Address:	Frator Fl.	nuida atuant addunas	
	Enter Florida street address		
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = N MGRM =	lanager • Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 			Z009 SECOND
D. If amo		(s) here: (Attach additional sheets, if necessary.)	N 19 AM 10: 45 ARY OF STATE ASSEE, FLORIDA
-	* Name Char	rge Only *	RICATE
-	Prince 17 200	<i>r</i> 9	<u> </u>
Dated	Signature of a member of	Althorized representative of a member	
	Michael E	r printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00