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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOWLY Realty LUC 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:
Andrea Staub Name of Person
Howey Realty Lic
100 S. Palm Que.
Howley M the Hils to 34737 City/State and Zip Code and i Straub @ Imbart mail. Com E-mail address: (to be used for future annual report legification)
For further information concerning this matter, please call:
Hodrea Staub at 352 AU8-4523 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffed Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

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

Howey Realy Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility 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 o	ffice address on our records, ente	r the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		- 28
New Registered Office Address:		7
	Enter Florida street address , Florida	ASSE THE SECOND
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title <u>Name</u> Andrea Stranb MGR James Gary Diratt 4853 Abaco Or. XAdd Tavares, FL 32778 ☐ Add □ Remove □ Add ☐ Add ☐ Remove

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

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Page 3 of 3

Filing Fee: \$25.00

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Section 1