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EXAMINER

COVER LETTER

Division of Corp	porations				
SUBJECT: Howe	Investments, Llc.			+	
		ited Liability Company)		_	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Jeffrey M. Howe				
	Howe Investments, Llc.	-			
		(Firm/Company)	•		
	P.O. Box 14713				
		(Address)			
	North Palm Beach, Fl. 33408			. 28	
		(City/State and Zip Code)	F		to Back of the 20
For further information co	oncerning this matter, please c	all·	AHA	RETA	ANIMAL ELIT
To raid in the matter of	moorning and matter, prease c	w	SSE	でで	Sanda I
Jeffrey M. Howe		at (_561)_248-6887	in.		· ·
(Name o	f Person)	(Area Code & Daytime T	elephone Number)	2000 NOV 21 AM 9: 57	المجاولة المحاولة
Enclosed is a check for the	e 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 S Certified Copy (additional copy	tatus &	

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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	we Investments, Lic.	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records. a Limited Liability Company)	.)
· ·	,	
The Articles of Organization for this Limited Liability	and assigned	
Florida document number <u>I 08000093789</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the world. L.C."	ords "Limited Liability Company," the designation	
Enter new principal offices address, if applicable:		王二 三
(Principal office address MUST BE A STREET ADD	ORESS)	ARY SSI
		FO P
Enter new mailing address, if applicable:		9: 57 STATE LORID
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or regi		er the name of the new
registered agent and/or the new registered office ad	dress here:	
	·	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	1 address)
	, Florid:	·
	(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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name Address Type of Action **MGRM** Marianne White 2141 SE Aster Lane #1405 ■ Add Stuart, FL 34994 Remove Add Remove Remove Add Remove Keimire D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 18 2008 Dated_

Typed or printed name of signee
Page 2 of 2

Jeffrey M. Howe

Signature of a

Filing Fee: \$25.00