

L090000003744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

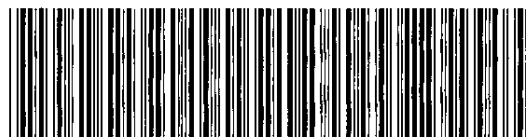
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B. KOHR

AUG 13 2009

EXAMINER



800159476358

RECEIVED
09 AUG 12 PM 4:09
STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

FILED
09 AUG 12 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 13 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 091318 7686089
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : August 10, 2009
ORDER TIME : 3:20 PM
ORDER NO. : 091318-005
CUSTOMER NO: 7686089

FILED
09 AUG 12 AM 8:15
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: HOWAR ENTERPRISES, LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT
___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX___ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOWAR ENTERPRISES, LLC

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

FILED
09 AUG 12 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/13/2009 and assigned
Florida document number L09000003744.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

511 S. E sthane Apt. 1705
Ft. Lauderdale FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 291497
Ft. Lauderdale FL 33329

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)

(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

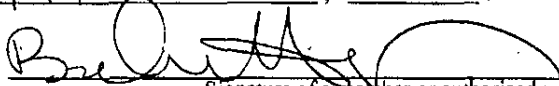
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ABE HOWAR	511 S.E. 5th Ave., Apt. 1705 Ft. Lauderdale, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	BRAHIM HOWAR	511 S.E. 5th Ave., Apt. 1705 Ft. Lauderdale, FL 33329	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

8/7/09



Signature of a member or authorized representative of a member

Brahim Howar

Typed or printed name of signee