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COVER LETTER

TO: Registration Sec Division of Corp				
Karen M. Ho	owell, ESQ, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Karen Tar			
		Name of Person		
		Firm/Company		
	22226 Westchester Blvd			
		Address		
	Port Charlotte, FLorida 33	952		
		City/State and Zip Code		
	kmtar1@comcast.net			
For further information co	E-mail address: (ncerning this matter, please c	to be used for future annual report notificall:	2016 JAN 19 SECRETARY ALLAHASSE	
Karen Tar	,,	941 625-2525 at ()	d b	17
Name of	Person		Celephone Number	
Enclosed is a check for the	e following amount:			
S25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karen M. Howell, ESQ,LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/09/2009}{1}$ and assigned Florida document number L09000034858 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 22232 Westchester Blvd Enter new principal offices address, if applicable: Port Charlotte, Florida 33952 (Principal office address MUST BE A STREET ADDRESS) 22232 Westchester Blvd Enter new mailing address, if applicable: Port Charlotte, Florida 33952 (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 City 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 Familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.SPOr, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Leslie Tar	22226 Westchester Blvd	■ Add
		Port Charlotte, FLorida 33952	Remove
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