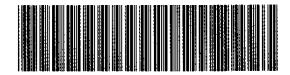
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COVER LETTER

· Division of	Corporations					
SUBJECT:	HOW R	ESEARCH, LLC				
		nited Liability Company				
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.				
Please return all corr	espondence concerning this matte	er to the following:		• •		
•		EDWARD WINDSOR				
		Name of Person		-		
	<u> </u>	HOW RESEARCH, LLC				
		Firm/Company				
5401 S. KIRKMAN RD STE 301						
		Address				
	ORLANDO, FL 32819 City/State and Zip Code					
	E-mail address:	EWINDSOR@MSN.CC (to be used for future annual repo	ort notification)	ŧ.		
For further information	on concerning this matter, please	call:		`		
ED	WARD WINDSOR	at (_407_)	361-4145			
Nar	ne of Person		Daytime Telephone Numbe	er		
Enclosed is a check f	or the following amount:					
□\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	ate of Status &		

MAILING ADDRESS:

Registration Section

TO:

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

FILED

11 SEP -8 AM 10:00

SECRETARY OF STATE

Zip Code

HOWBER		SECOCH	-8 AM IO: 00
HOW RESE (Name of the Limited Liability Compa (A Florida Limited)	IARCH, LLC Iny as it now appears Liability Company)	on our records HA	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900089014</u> .	were filed on	9/15/09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compan	y," the designation "I	LC" or the abbreviation
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 or registered agent and/or the new registered office address her	ffice address on ou	ır records, <u>enter</u> 1	
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street ada	ress
		, Florida	

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.

City

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> **Address Type of Action** MGR **GLADYS ALVAREZ** 3719 MEADOW GREEN DR ☐ Add TAVARES, FL 32778 ✓ Remove ☐ Add Remove Add · Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/1

Signature of a member or authorized representative of a member

Edward L Windsor

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00