L110000079833

(Re	questor's Name)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Ad	ldress)	
(Ad	ldress)	····
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
	···	
(Do	ocument Number)	
Certified Copies	Cortificator	e of Status
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	rilling Officer.	

Office Use Only



800404412998

03/13/23--01013--011 **25.00

2023/14R 13 AH 10: 12

COVER LETTER

Registration Section

TO:

Division of Cor	porations				
Howell Cap	pital, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please fettim all correspo	ondence concerning this matter	to the following:			
	John Howell				
		Name of Person		•	
		Firm/Company		-	
	723 Willowwood Lane	, ,		<u>60</u> ,	2ú
	 	Address			23 ::
	Naples, FL 34108				2023 HAR 13 AH 10: 12
		City/State and Zip Code		WORD THE	-
	jhowell@jhowell.com	to be used for future annual report not	theatum)	D: 0	10
		•	meann)	<u> </u>	 N
For further information c	oncerning this matter, please c	all:		113	• -
John Howell		239 641-8978 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Howell Capital, 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 $\frac{07/12/2011}{2}$ and assigned Florida document number L11000079833 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Naples DXers, LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (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 __, 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 605, 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.

Cin

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 Mem	her		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Change
			□Add
			Dehange
			Ochange Ochange Ochange
			∏ S N N N N N N N N N N N N N N N N N N
			□Change
			DAdd
			□Remove
			□ Change
			□ Add
			□Remove
			□Channe

123
H. R
-
<u> </u>
m N
#H 10 12

• . . . ,

Filing Fee: \$25.00