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(Business Entity Name)

(Document Number)

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2011 JUL 19 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL 20 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: HOWARD BUSINESS VENTURES "LLC"  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT W HOWARD

Name of Person

HOWARD BUSINESS VENTURES "LLC"

Firm/Company

10621 Berner Lane

Address

RIVERVIEW, FL 33578

City/State and Zip Code

ROBHOWARD63@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT W HOWARD

Name of Person

at ( 813 )

767-4741

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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 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**

**HOWARD BUSINESS VENTURES "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 JULY 15, 2011 and assigned  
Florida document number L11000081459.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT W HOWARD	10621 Berner Lane RIVERVIEW, FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSHUA J HOWARD	10621 Berner Lane RIVERVIEW, FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT W HOWARD	10621 Berner Lane RIVERVIEW, FL 33578	<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

2011 JUL 17  
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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY 17, 2011

Signature of a member or authorized representative of a member

ROBERT W HOWARD

Typed or printed name of signee