LII 000083250

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:F	owler Bros	5. Holdings, ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Barbo	Name of Person	
	-	Firm/Company	
	343 1	ake Annie Dr	rive
	Apople	City/State and Zip Code	3
		124@gmail.co	
For further information co	oncerning this matter, please ca	all:	
Barbara	· · · · · · · · · · · · · · · · · · ·	at (<u>B28</u>) <u>734</u> -	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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 S	Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fowler Bros.	Holdings LLC mpany as it now addears on our records.) ted Liability Company)	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now achears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L11.00083250</u> .	any were filed on $\frac{7/19/zo}{}$	11 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Flori d	da Zip Codes
	City	Zip Codes
		· -

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Barbara Avila	343 Lake Annie Drive	
		Apopka, FL 32703	□Remove
			&Change せけし
MGR	James G. Fowler	343 Lake Annie Drive	🗆 Add
		Apopka, FL 32703	□Remove
			⊠Change tit le
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(If an effi <u>Note:</u>	we date, if other than the date of filing:
the record cord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	January 27. 2021. Barbara Quila
	Signature of a member or authorized representative of a member
	Barbara Avila Typed or printed name of signee
	Typed or printed name of signee