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COVER LETTER

TO:

Registration Section **Division of Corporations**

Teddi Howard Products, 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:

Theodora Simmons-Howard

Name of Person

Teddi Howard Products, LLC

Firm/Company

11500 Summit West Blvd. Apt 2D

Temple Terrace, FL 33617

City/State and Zip Code

teddihoward@gmail.com

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

For further information concerning this matter, please call:

Theodora Simmons-Howard at 973,652-0002

Name of Person

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**

	TO	2
ARTICLES	S OF ORGANIZAT	ION dog to T
•	OF	
		2 2
Teddi Howard Products, LLC		ION ITS on our records.)
(Name of the Limited Liability (A Florida	ty Company as it now appea	rs on our records.)
(A Flonda	. Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Ju	ly 15, 2013 and assigned
	company were med on	and any grow
Florida document number L13000100133	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regi	stored office address on	our records enter the name of the naw
registered agent and/or the new registered office ad		out records, enter the name of the new
		
None of New Post and Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Er	nter 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>	Name	Address 3	ype of Action
MGR	Theodora Simmons-Howard	11500 Summit West Blvd	Add
		Apt 2D	Remove
		Temple Terrace, FL 33617	_
MGRM	Theodora Simmons-Howard	11500 Summit West Blvd	Add
		Apt 2D	Remove
		Temple Terrace, FL 33617	
	**************************************		Add
			Remove
		HASSET.	Add T
		Digital Control Contro	Add Remove
			Add Remove

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
A 04	0040
_{lated} August 21	, 2013
De.	Joan Denons - Howard
Si	ignature of a member or authorized representative of a member
Theodora Sim	mons-Howard
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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