# L14000030095

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# COVER LETTER

TO:	Registration Se Division of Cor			**************************************
CLIDI		lley Presents, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	····
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Howard M. Holley		
			Name of Person	
		Howard Holley Presents		
			Firm/Company	
		22 Hammock Beach Parkw	vay	
			Address	
		Palm Coast, FL 32317		
			City/State and Zip Code	
		hbholley@mac.com		····
For fu	uther information co	E-mail address: ( oncerning this matter, please of	to be used for future annual report notifi all:	cation)
Howa	ard Holley		571 527-6437	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	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

FILED' 2015 JUN 18 AM 11: 17

SECRETARY OF STATE TALLAMASSEE, FLORIDA

#### HOWARD HOLLEY PRESENTS, 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 C	Company were filed on 2-21-2014	and assigned
Florida document number L14000030095		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
HOWARD HOLLEY, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Flor	rida Zip Code
	City	esp couc

#### 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 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 Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Add

		Remove
		Change
		□ Remove
		☐ Change
		Remove
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<u>,</u>	 	
		Remove
		Change
		Add
		□ Remove
		Change
		Add
		□ Remove
		Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E. Effective date, if other than the date of filing:	rsuant to 605. I not be liste	0207 (3 d as th	)(b) e
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earlie	r of:	•
Dated Signature of a member or authorized representative of a member			
Howard M. Holley			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00