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## **COVER LETTER**

	ivision of Cor				
SUD JECT	HOWRHU DESIGNS, LLC				
SUBJECT	Name of Limited Liability Company				
The enclos	ed Articles of .	Amendment and fee(s) are subs	mitted for filing.		
Pleasc retu	m all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
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For further	r information c	oncerning this matter, please ca	alt:		
Imelda V	'asquez		323 962~8600 ex		
	Name o	f Person	at (at (	Telephone Number	
Enclosed i	a a check for the	he following amount:			
□ \$25.00	) Filing Fee	S30.00 Filing Fee & Certificate of Status	(E) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, PL 32	n ations nter Circle	

2015 DEC 22 AM 10. 12

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

HOWRHU DESIGNS, LLC	
(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L15000187277	ompany were filed on 11/04/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted Hability company here:
The new name must be distinguishable and end with the words "Lim	nited Linbility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	ess here:
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	MGR = Manager AMBR = Authorized Member			
Title	Name	Address	Type of Action	
MGR	Pamela Peters	1720 26th Ave N,	<b>⊠</b> Add	
		St. Petersburg, FL 33703	□ Remove	
AMBR	EDDIE AKON	1720 26th Ave N.		
		St. Petersburg, FL 33703	₩ Remove	
MGR	EDDIE AKON	1720 26th Ave N.		
		St. Petersburg, FL 33703	□ Remove	
			Add Sonote Till Remote 25	
			2 A Add A A C C C C C C C C C C C C C C C	
-			□ Add	
			<u></u>	

Page 2 of 3

D,	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing:  (optional)  (The effective date and cannot be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	David December, 14th, 2015.
	Eddie Akon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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