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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J SHIVERS

COVER LETTER

TO:				
	_		Development, L	4
SUBJI	ECT: //		<u> </u>	
	Division of Corporations Howston Land Development, LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Land Stan Land			
The en	closed Articles of Arr	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	ence concerning this matter	to the following:	
		- Josh	1 Jans 13	
		Houston	Name of Person H. Zan 15	
	•		Firm/Company	
		2042	SW OXbow	Way
		Palm C	ity FL 3499	
	_	hornis	7685 (asmail	com
		E-mail address: (to be used for future stantual report notif	ication)
For fur	ther information cond	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Augusta		
	Name of Pe	erson		e Telephone Number
Enclos	ed is a check for the f	ollowing amount:		
\$2	5.00 Filing Fee		Certified Copy	Certificate of Status &

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

Houston Lord	Development.	46	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	3	
The Articles of Organization for this Limited Liability Company w	vere filed on	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y 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)			
		 	
B. If amending the registered agent and/or registered office address here:		nter the name	of the ne
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		E CR	
	Enter Florida street address	IARY ASSE	Para.
	, Florid , Florid	Zip Code	TT:
New Registered Agent's Signature, if changing Registered Agent:		STA	C
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar wil . Or, if this doct	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Patrizh Stsacuzzi	3380 S.W Gove St.	
		2380 SW Grove St. Palm Cry, PL 34990	Remove
			☐ Change
AMBR	Minnie Godell	2042 SW OHOW WAY	🗆 Add
		Poln City, FL 34990	D Remove
			Change
			Add
			Remove
			Change
	 		Add
			□ Remove
			□ Change
			Add
			☐ Remove
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			Charton

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Typed or printed name of signee

Filing Fee: \$25.00