## L17000192331

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: November 22, 2017	Accounts. 120000000000
Name: Marisa Kugelmann	
Reference #:	
Entity Name: HOWARDS SWAPORAMA, LLC	_
Articles of Incorporation/Authorization to Transact Busine	SS
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$25.00	

COGENCY GLOBAL INC. 10 E 40 ST, 10 1FL NY, NY 16016 800.271.0102 +1.212.947.7700 **EUROPEAN HQ** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Howards Swaporama, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) Ity Company)
ne Articles of Organization for this Limited Liability Company were orida document number 117000192331	re filed on September 14, 2017 and assigned
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability	company here:
ne new name must be distinguishable and contain the words "Limited Liability C	company," the designation "LLC" or the abbreviation: LLC.
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	22
_	
	·
nter new mailing address, if applicable:	 
Hailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Z:p Code
ew Registered Agent's Signature, if changing Registered Agent;	
hereby accept the appointment as registered agent and agree to	o act in this capacity. I further agree to comply w

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
AMBR	Raphael Salama	6373 S Suncoast Blvd	<b>⊞</b> Add
		Homosassa, FL 34446	□ Remove
			□ Change
			☐ Remove
			Change
			D Add
			Remove
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			□ R€ntove
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to the sp	o date of filing or more than ble statutory filing requi	(optional) n 90 days after filing.) irements, this date v	Pursuant to 605 vill not be list	5.020° ted as
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not	ble statutory filing requi	irements, this date v	vill not b <b>e</b> list	er o
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not The 90th day after the record is filed.	ble statutory filing requi	irements, this date v	on the earli	ed as
he record specifies a delayed effective date, but not The 90th day after the record is filed.  Dated November 2! 2017	ble statutory filing requi	irements, this date v at 12:01 a.m. c	on the earli	er o

Page 3 of 3

lyped or printed name of signee

Filing Fee: \$25.00