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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	Change leg Name of Lithe Please Reyno MGR, Please	red Liability Company ve Toyce Sillins ve Doplace with	From Registral Agret & mame below.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	Thankyou
Please return all correspo	ondence concerning this matter	to the following:	7 nan D
	Liani	ne Lehrmand Name of Person	
	The How	MIN OW BAR C.	AKC WOLFE LCC
	222	greenwood ()r.	
	<u>w.</u> P.	B Ft 334  City/State and Zip Code	
		L/an 10 to no used for future annual report not	accom
For further information	concerning this matter, please ca	all:	
L'Gnre Name o	Lehime 2	$\frac{1}{\text{Area Code}} = \frac{5(6)}{\text{Daytin}}$	ne Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O.	L			~ ~ ~
The Howlin Ow  (Name of the Limited Lie	BA (	LAC ny as it now app	Dears on our reco	<u>rds.</u> )	
(A FI	orida Limited L	iability Compan			<i>Q</i> 2
The Articles of Organization for this Limited Liabili Florida document number $21800008$		were filed on	12/7	<u>12018</u>	and assigned
This amendment is submitted to amend the following	Ω:				
A. If amending name, enter the new name of the	limited liabi				
The new name must be distinguishable and contain the words	*Limited Liabil	ty Company," th	he designation "Ll	LC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	:	23	22 Gue	p woal	1 DR
(Principal office address MUST BE A STREET AL	DDRESS)	<u>w</u>	18. Fl.		
				<u> 334</u>	<u>'05</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		Spne	AS	Abula
B. If amending the registered agent and/or regist agent and/or the new registered office address he	re:				
Name of New Registered Agent:	1	anne	Leh Y 1. 100 d DZ Florida street addi	nax	
New Registered Office Address:	222	Grun W Enter	100 d	ress	
_	WI	B.	,!	Florida _	33405 Zip Code
		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 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 Address Name <u>Title</u> □Remove \_\_ 🗀 Change mar lians home spor as prove that Lianne Lehrman ... XRemove MSR JOJCE SILLIPS □Add ☐ Change □Add □Remove □Change □Add □Remove

Change