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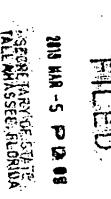
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MAR 1 8 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Larry Joshua Hawland LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Larry Joshua Howland Name of Person
Larry Joshua Howland LLC Firm/Company
3333 NE 3and Ave
Occula FL 34479 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Larry Josh Hawland at (352) 207-4440 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certificate of Status \$\Bigcup \$ Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Larry Toshus H	2915 MAR - 5 PS CA - 5
Name of the Limited Liabilit	ty Company as it now appears on our records 1 - 1 - 1 - 1
(A Florida	(Limited Liability Company)
The Articles of Organization for this Limited Liability C	ty Company as it now appears on our records TARY U
Florida document number <u>L19 6666517165</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
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)	
B. If amending the registered agent and/or regist	tered office address on our records, enter the name of the
registered agent and/or the new registered office addi	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Larry Joshua Howland	3333 NE 32nd Aue	i)X -Add
		Dcala FL 34479	Remove
			Change
AMBR	JAIME R Howland	3333 NE 32nd Ave	Add
		Deala FL 34479	☐ Remove
			Change
A <u>mBL</u>	LHRISTINA M HOLMAN	14431 SE WIST AVE)% (Add
		Summerfield FL 34491	□ Remove
			Change
			🗆 Remove
			□ Change
			☐ Remove
			Change
			Add
			□ Remove
			Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
_	
Note: H	e date, if other than the date of filing:
f the reco b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	MARCH 15 2019
	Signiture of a nichber of authorized representative of a member LAFRY TOSHUA HOWLIND Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00