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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone	e #)
PICK-L	JP WAIT	MAIL
	(Business Entity Nar	ne)
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instruction	ns to Filing Officer:	
	Certificates	





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R. WHITE JAN 03 2020 2019111125 PH 3: 35

COVER LETTER

TO: Registration S Division of Co		•	
subject:F	Tippin Howards	nited Liability Company	. ,
	Traine or on	med Bulbury Company	
The enclosed Articles of	Amendment and fee(s) are sub-	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Dona Ho	Name of Person	
	Flippin Ho	Wards U.C., Firm/Company	
	1606 Brun	ing C-1. Address	
	Post Charlot	City/State and Zip Code City/State and Zip Code City/State and Zip Code	owards@amail.com
for further information c	concerning this matter, please c		leation)
Dona +	Howard of Person	at (<u>751</u>) <u>515-1</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
27.477	IVC AINDUCCE.		ر / ميم /

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

The Contraction 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Fliggin	Howard's U.C.	20191111 25 PM 3: 35
(Name of the Dimited 1 (A.)	iability Company as it now appears on e forida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	12512019 and assigned
Florida document number <u>L19002619</u> 00		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P = 19 +1	
	Enter Florida su	
-	Ciţy	, Florida 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:

nager thorized Member		
<u>Name</u>	Address	Type of Action
		Remove
		Change
		Remove
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		Remove
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	thorized Member	thorized Member Name Address

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	d, the date n rted in this	mist be specific a block does not	nd cannot be prior meet the applic	rto date o cable stat	f tiling or n	iore than 90 day	(optional) es after filing.) Pursuant to 605. ts. this date will not be listed
ecord specifies le 90th day af				ot an ef	fective (ime, at 12	:01 a.m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00