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Registration Section Division of Corporations

TO:

	rnational LLC		
30000011	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jevon Howell		
		Name of Person	
	Howell International LLC		
		Firm/Company	
	6638 Jacques Way		
		Address	<u> </u>
	Lake Worth Florida, 33463		
	Lake Worm Piorida, 55465		
	jhowell@shophowell.us	City/State and Zip Code	
	•	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jevon Howell		786 285-8793	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	ヒレ うこう14	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Howell International LLC		<u> </u>
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on April 8, 2020	and assigned and assigned and assigned and assigned and assigned are assigned and assigned are assigned and assigned are assigned and assigned are assigned are assigned are assigned as a second are a second are as a second are as a second are as a second are a second
Florida document number L20000098998		ب. <u>ي</u>
This amendment is submitted to amend the following:		*
A. If amending name, enter the new name of the lin	mited liability company here:	
ShopHowell LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	_	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	uldress
		Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			Remove
			□ Change
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te: If the date inserted in this	block does not meet the applicable st	atutory filing requirements, th	is date will not be listed
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ecord specifies a delayed effec	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
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Filing Fee: \$25.00