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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | • | | | |
|--------------------------|---|---|--|--|-----------|-------------|
| | | E OF NESHKA HOWARD, L | LC | | | |
| SUBJE | i.l; | Name of Limi | ted Liability Company | | | |
| The encl | losed Articles of z | Amendment and fee(s) are sub | nitted for filing. | | | |
| Please re | eturn all correspoi | ndence concerning this matter | to the following: | | | |
| | | Neshka L. Howard | | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | , koj | |
| | | 5113 North Davis Hwy, Su | nite 13 | | 20 JUN 18 | |
| | | | Address | | | 물길: |
| Pensacola, Florida 32503 | | | | | <u></u> | 경우 |
| | City/State and Zip Code thehouseofneshkah@gmail.com | | | | 1 3: 53 | STATE STATE |
| | | E-mail address: (| to be used for future annual report notifi | cation) | ಎ | <u>0</u> |
| For furt | her information c | oncerning this matter, please ca | all: | | | • |
| Neshka | L. Howard | | 850 512-9158 | | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclose | ed is a check for th | ne following amount: | | | | |
| ≡ \$25 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is | tatus & | |
| | Mailing Addres Registration 9 | | Street Address: Registration Sec | ction | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

THE HOUSE OF NESHKA HOWARD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li | s submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: address MUST BE A STREET ADDRESS) pensacola, Floirda 32503 pensacola, Floirda 32503 he registered agent and/or registered office address on our records, enter the name of the new registered of the new registered address on our records, enter the name of the new registered of the new regi | | | |
|---|--|-----------------------------|--|-----------|
| Florida document number 1.20000125851 | <u></u> . | | ر ې د د د د د د د د د د د د د د د د د د د | • |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the wa | ords "Limited Liabi | lity Company," the designat | tion "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 5113 North Davis Hw | ry, Suite 13 | |
| | | Pensacola, Floirda 32503 | | |
| | | | | |
| Enter new mailing address, if applicable: | | 5113 North Davis Hw | zy. Suite 13 | |
| Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) | Pensacola, Florida 32. | 503 | | |
| | | | · | |
| B. If amending the registered agent and/or re agent and/or the new registered office addres | • • | address on our record | is, enter the name of the new register | <u>ed</u> |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 5113 North Da | vis Hwy, Suite 13 | | |
| | Enter Florida street address | | | |
| | Pensacola | | Florida 32503 | |
| | | City | Zip Code | |

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

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> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------------------|----------------|
| MGR | Neshka L. Howard | 5113 North Davis Hwy, Suite 13 | |
| | | Pensacola, Florida 32503 | □Remove |
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| Note: If the | fate, if other than e date is listed, the date the date inserted in this s effective date on th | is block does not | meet the applica | o date of filing or mobble statutory filing | (option of than 90 days after grequirements, this | onal) filing.) Pursuant to 605 s date will not be liste | .0207 ed as |
| e record sp rd is filed. | ecifies a delayed effe | ective date, but no | ot an effective tir | ne, at 12:01 a.m. c | on the earlier of: (b |) The 90th day after | r the |
| | | | | | | | |
| Dated | Men | Un 1 | Har. | me | | | |
| Dated | Mis | Ha L Signature of a | Hou i member or autho | me | of a member | | |

Filing Fee: \$25.00