L20000132017

| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

Division of Corporations HOWELL AUTOMATIONS, LLC SUBJECT: 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: LOREN HOWELL Name of Person Firm/Company 151 N NOB HILL ROAD SUITE 129 Address PLANTATION, FL 33324 City/State and Zip Code BOOKHAUTOMATIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOREN HOWELL Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

Mailing Address:

TO:

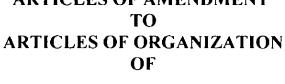
Registration Section

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO



HOWELL AUTOMATIONS

| ARTICL | LES OF AMENDMENT | | |
|---|--|---|-----------|
| | TO | | |
| ARTICLI | ES OF ORGANIZATION | V O STATE | ~ // |
| | OF | | 49 |
| HANNET L. A LEDONA A THANK | | | |
| HOWELL AUTOMATIONS (Name of the Limited Link | nility Company as it now appears on ou | ur records) | 7 |
| (A Flor | pility Company as it now appears on our ida Limited Liability Company) | ii records. |)) |
| he Articles of Organization for this Limited Liability | Company were filed on $\frac{5/15/2019}{}$ | and assigned | |
| orida document number 1.20000132017 | | | |
| this amendment is submitted to amend the following: | | | |
| If amending name, enter the new name of the li | mited liability company here: | | |
| | | | _ |
| he new name must be distinguishable and contain the words "I | amited thability Company, the designation | ion TAX of the aboreviation 1.4.1. | |
| Inter new principal offices address, if applicable: | | | - |
| Principal office address MIIST BE A STREET AS | B B B B B B B B B B B B B B B B B B B | | |
| 3. If amending the registered agent and/or registe gent and/or the new registered office address born | red office address on our records | s, enter the name of the new registe | - ered |
| | | | |
| Name of New Registered Agent: | | | - |
| New Registered Office Address: | | | _ |
| | Enter Florida stree | et address | |
| | | , Florida | _ |
| | City | Zip Code | |
| lew Registered Agent's Signature, if changing Registe | red Agent: | | |
| hereby accept the appointment as registered age. | J da war to dhii | in the net is a sure of a sure of the second | . J |
| provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to morely reflect a change in the register with the register of the change in the register of the change in | l complete performance of my du l agent as provided for in Chapte ered office address, I hereby conj | ities, and I am familiar with and er 605, F.S. Or, if this document is | |
| | • | | |
| | | | |
| | If Ciranging In. | | |

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 |
|--------------|--------------|-------------------------------|----------------|
| CEO | LOREN HOWELL | 151 N NOB HILL ROAD SUITE 129 | ≣Add |
| | | PLANTATION, FL 33324 | □Remove |
| | | | □ Change |
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| Note: If the date inserted | than the date of filing: |
| If the record specifies a delayer record is filed. | ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| JUNE 29 | 2020 |
| - Jaica | PRODE TO THE PROPERTY OF THE P |
| ; / | Signature of a member of authorized representative of a member |
| LOREN HOW | / /ELI. |

EUL E DOEO

Typed or printed name of signee