

L20000377801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

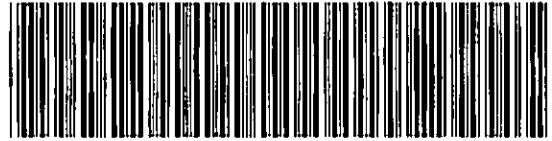
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356542298

12/22/20--01003--014 **25.00

FILED
2020 DEC 22 AM 11:03

2/1/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALYSSA HOWARD ENTERPRISES 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:

Christopher Howard
Name of Person

Firm/Company

7521 Paula Dr., #263321
Address

Tampa, FL 33685
City/State and Zip Code

admin@alyssaahoward.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Howard at (435) 233 - 7273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALYSSA HOWARD ENTERPRISES 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 Liability Company were filed on 12/02/2020 and assigned Florida document number L20000377801.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7901 4th St N, STE 4000

(Principal office address MUST BE A STREET ADDRESS)

St. Petersburg, FL 33702

Enter new mailing address, if applicable:

7521 Paula Dr

(Mailing address MAY BE A POST OFFICE BOX)

#263321

Tampa, FL 33685

2020 DEC 22 AM 11:03
FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher A Howard	7901 4th St N, STE 4000	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alicia A Howard	7901 4th St N, STE 4000	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2020 DEC 22 04:11:03
 Add
 Remove
 Change
 Add

