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	(Requestor's Name)			
·	(Address)			
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	(City/State/Zip/Phone #)			
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	(Business Entity Name)			
(Document Number)				
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		05/07/21 TM		

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08/19/21--01011--007 **30.00

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Ty Howard Enterprises, UC 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:
Tyrone Howard SR. Name of Person
Ty Howard Enterprises, LLC
1175 Pinellas Point Dr. Address
St. Peters burg, Florida 33705 City State and Zip Code ty howarden terpises @ 9mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyrone Howard SR. at (727) 550-7115 Name of Person Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee, Certificate of Status Ce

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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 PUBLIC OR STATE OF CORPORATION

Ty Howard Enter	pany as it now appears on our records.) I Liability Company)
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companification of Companies and Companies of Compani	y were filed on Jan. 5 th 2021 and assigned
This amendment is submitted to amend the following:	
	J/A
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	NIA
New Registered Office Address:	
	Enter Florida street address
	, Florida

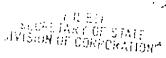
New Registered Agent's Signature, if changing Registered Agent:

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



21 MAR 19 PM 12: 57

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Tyrone Howard Sr.	1175 Pinellas Point Dr.	#26
			□Remove
			Change
			□Add
			□Remove
			□ Change
			⊡Add
			□Remove
			□Change
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			□Remove
			□Change

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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the	te must be specific and this block does not in	cannot be prior to date of filing neet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as t
e record specifies a delayed eff d is filed.	fective date, but not	an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated March	16th.	2021	
Dated March	Signature of a h	ers F. Mims nember or authorized represen	itative of a member
	_	een E. Mims Typed or printed name of sign	