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COVER LETTER

TO: Registration Sec Division of Corp		<i>f</i> .	
SUBJECT: +\C\	Name of Limi	ted Liability Company	<u> 4101744</u> C
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspoi	ndence concerning this matter t	to the following:	
	Hingelan	Name of Person	ection LLC
	1240 NE	2075+	
		Address	
	HUNCUSUS E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	Hor @ gmail (cn)
For further information co	oncerning this matter, please ca		
ANGRU (Name of	CYPERON	at (780) 440 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
区 \$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

Hower Collection LCC

If Changing Registered Agent, Signature of New Registered Agent

(A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21002211</u> 89	vere filed on 5 12 202 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office and cost incorning in the cost in the cos	1
	5 .
P. C. War adding Stranklands.	
Enter new mailing address, if applicable:	21
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peeing filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

company 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Angela R Greene	1240 NE 207+h St	ZAdd
		1240 NE 207+h 5+ Miami Fl 33179	□Remove
			□Change
			
			□ Add 2021 □ Remove 1 □ Change PM □ Add 21 □ Change □ Change
		·	1 Tribus
			—ÐAdd —21
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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			_ □Remove
			_ □Change

If amending any other information, enter c	hange(s) here: (Attach a	dditional sheets, if nece	ssary.)	
				 -
				2021
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Effective date, if other than the date of filings of the first of the	ad cannot be prior to date of filt	(opting or more than 90 days after	tiling.) Pursu	ant to 605,0207
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutor	ry filing requirements, thi	s date wiii re	of the fisted as
ne record specifies a delayed effective date, but no ord is filed.	ot an effective time, at 12:0	La,m, on the earlier of: (\)) The 90th	day after the
Dated	ine 3,2021)		
(OLUIN X 9	a member or authorized repres	entative of a member		
	(1) 1 = 00			
1 1/3 / 1/2	1 (3/)	9 112		