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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

LOUISE HOXSIE PORTER, PLLC 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: Louise H. Porter Name of Person Louise H. Porter, LLC Firm/Company 13796 Wilcox Road Address Largo, FL 33774 City/State and Zip Code louischoxsie@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Louise H. Porter 850-7938 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee **≘** \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

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

LOUISE HOXSIE PORTER, PLI			
(Name of the Lin	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited	Liability Company were filed o	on <u>04/29/2021</u>	and assigned
Florida document number	245426		
his amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited liability compa	iny here:	
OUISE H. PORTER, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company,"	" the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	ianblo		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<u>'. </u>
			. , , =
			(1) (2)
Inter new mailing address, if applicable:			•••
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1 ·
			
			<u></u>
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		our records, <u>enter the nam</u>	e of the new registo
	13796 Wilcox Road		
		. 19 1 - 11	
New Registered Office Address:	Ent.	PP Planua sirpul mariposs	
New Registered Office Address:	Ento Largo	er Florida street address, Florida ^{3,3}	174

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

(not new agent, just name update.)

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
Mis.	Louise H. Porta	13794 Wilcox Rd., Largo, 7L33774	🗆 Add
		Largo, 7233774	□Remove
			O Ch ange
	····		DAdd
			□Remove
			🗆 Change
		·	□Add
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m effect o te: If	date, if other than the date of filing:	5.0207 ed as
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
·lı	ne 21, 2024	
ated	Janice H. Porter LLC	
l is filed		rt

Filing Fee: \$25.00