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| (Re | equestor's Name) | _ |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | tration Secti on of Corpo | | | |
|------------------------|------------------------------|--|--|--|
| SUBJECT: | R & | S Houe, LL Name of Limit | C ed Liability Company | |
| | | mendment and fee(s) are submence concerning this matter to | · · | |
| rease recurs as | reorrespond | Suzanne | | |
| | | R&SHO | | |
| | | _ | Kathryn Circle | <u>e</u> |
| | | Rand SH | City/State and Zip Code owe 22@gmail.COM | |
| For further info | ormation con- | E-mail address: (to cerning this matter, please cal | be used for future annual report notificat l: | ion) |
| Suza | | Haue | at (407) 222-1 | 842 lephone Number |
| Enclosed is a cl | heck for the I | following amount: | | |
| □ \$ 25.00 Fili | ng Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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 | |
|---|-------------------|
| ТО | FII |
| ARTICLES OF ORGANIZATION | 2022 |
| OF | 2022 MAR 10 AU |
| R&S Howe LLC | SECRETARY OF 3:21 |
| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Company were filed on | and assigned |
| Florida document number <u>L21000280422</u> | 1. |

This amendment is submitted to amend the following:

| A. If amending name, enter the new name of the | he limited lial | bility company here: | |
|---|------------------|-----------------------|---|
| R&S Howe | LLC | (Spaces 1 | emoved between ? |
| The new name must be distinguishable and contain the work | ds "Limited Liab | | |
| Enter new principal offices address, if applicab | le: | NA | 1/45) |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | - | |
| Enter new mailing address, if applicable: | | N 'A | |
| * ** | 010 | -I V-!: 1 | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | | |
| | | | |
| B. If amending the registered agent and/or reg | istered office | address on our record | s, enter the name of the new registered |
| agent and/or the new registered office address | | | opposite the parties of the parties |
| | Osto. | | |
| Name of New Registered Agent: | IVT | | |
| New Registered Office Address: | | | |
| | | Enter Florida sti | eet address |
| | | | , Florida |
| | | City | Zin 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 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 |
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| an effective date is listed, the date to the date inserted in the date inserted in the date inserted in the date. | the date of filing: 03/03/2002 must be specific and cannot be prior to date of filing or more to block does not meet the applicable statutory filing reduce Department of State's records. | han 90 days after filing.) Pursuant to 605,020 |
| l is filed. | ective date, but not an effective time, at 12:01 a.m. on the | |
| ated 03/03 | April Howe Typed or printed name of signee | |
| | Ascand HD LL Signature of a member or authorized representative of a | member |
| • | 0 | |

Filing Fee: \$25.00