(shown below) on the top and bottom of all pages of the document.

(((H230000906163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for "future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

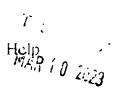
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LITHOWPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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## **COVER LETTER**

		e e			
CUBICT	LITHO	DWPA LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	DECT:    Name of Limited Liability Company				
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person	<del></del>		
		Firm/Company			
	17350 STATE HWY 249				
	HOUSTON TX 77064	Address			
		City/State and Zin Code			
		M			
For further information c			инсяной;		
LOVETTE DOBSON		at ( )	62-3453		
Name o	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
Division of C	Corporations	Division of Co	orporations		
l aliahassee,	rt. 52514	2415 N. Monr	oe street, suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITHOWP:	\ LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	s as it now appears o	n aur records.)	
The Articles of Organization for this Limited Liability Company v Florida document number		01/30/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	:	
LITHGOWPA LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	dress on our reco	ords, <u>enter the name</u>	of the fiew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
<del></del>	Cuy	1 1011014	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: (((H23000090616 3))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		•	🗆 Add
			□Remove
			ElChange
		<del></del>	□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
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			□Add
			LJRemove
			□Change
			🗀 Add
		<del></del>	□Remove

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. If amending any other informati	on, enter change(s) her	v: PAHACA AAAHAA	ai sneeis, ij necessary,	/
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Effective date, if other than the than the than effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	he specific and cannot be prior ck does not meet the applic	able statutory filing (	(optional) e than 90 days after filing ) requirements, this date s	Pursuant to 605 0207 ovill not be listed as a
e record specifies a delayed effective (d is filed.	date, but not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated MARCH 9TH	. 2023			
<del></del> ;	Cristradia Lit.	harve of nepresentative of	a member	
		di Lithgov		
<del></del>	Lyped or print	ed name of signee		

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