

L23000168287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

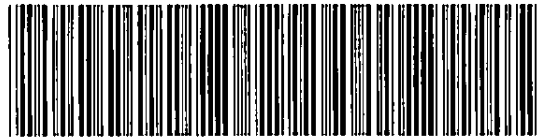
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/23 -01029- -016 **20.0L

FILED
2023 MAY -1 PM 2:19
CLERK OF STATE
TALLAHASSEE, FL

Y. SCOTT

JUN 17 2023



Saturday, April 29, 2023

Attention: Florida Department of State

Reference: Change of Name of LLC.

Dear Sir:

Please find attached the necessary paperwork for a change of name. The request is for:

HOWYADOINN PROMOTIONS LLC (L23000168287)

HOWYADOINN PROMOTIONS LLC (a space before 'promotions')

We attach a check for \$25 as is required.

If you have any need for additional details, please call us @ 813-370-0864.

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CLERK OF STATE
TALLAHASSEE, FL

Sincerely:

A handwritten signature in black ink, appearing to read 'Brian McHugh', written over a horizontal line.

Brian McHugh
Senior Partner.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOWYADOINNPROMOTIONS LLC
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:

BRIAN MCHUGH

Name of Person

3 LEAF FINANCIAL GROUP

Firm/Company

10810 BOYETTE ROAD, 1852

Address

RIVERVIEW FL 33568

City/State and Zip Code

BRIAN@3LEAFFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

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CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

BRIAN MCHUGH

813 370-0864
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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CLERK OF COURT
SECRETARY OF STATE
FL

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FL


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FL

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MAY -1 PM 3:19
2023 MAY -1 PM 2:19
OFFICE OF STATE
FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 22, 2023


Signature of a member or authorized representative of a member
JOSEPH ATTANASIO

Typed or printed name of signee