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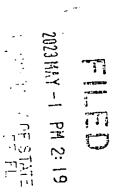
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Y. SCOTT JUN 1 7 2023





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:

HOWYADOINNPROMOTIONS 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.

2023 HAY -1 PH 2: 19

Sincerely:

Brian McHugh

COVER LETTER

Division of Corp	orations				
	INNPROMOTIONS LLC				
SUBJECT:	Name of Lim	ited Liability Company	-		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	BRIAN MCHUGH				
		Name of Person			
	3 LEAF FINANCIAL GRO	OUP			
		Firm/Company			
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. the 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) Further information concerning this matter, please call: AN MCHUGH Name of Person An at (1) An MCHUGH Name of Person Area Code Daytime Telephone Numb Desed is a check for the following amount: 525.00 Filing Fee \$\square\$ \$50.00 Filing Fee & \$\square\$ \$60.00 Certified Copy [Certified Copy [; ; ;	2023	
		Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1
	RIVERVIEW FL 33568			2023 MÁY - 1 PH 2:	7
		-	TOF ST	P	
			fication)	2: 19	
For further information co	ncerning this matter, please ca	all:	1.,		
BRIAN MCHUGH					
Name of	Person		e Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee &	Certified Copy	S60.00 Fili Certificate Certified C (additional c	of Statu Copy	
Mailing Address	<u>:</u>	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

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

HOWYADOINNPROMOTIONS LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our re- ed Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>04/04/2023</u>	and assigned
Florida document number L23000168287		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
HOWYADOINN PROMOTIONS LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company." the designation "	LLC" or the abbreviation "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 and/or the new registered office address here:	ce address on our records, en	nter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street ac	ddress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

THE THE PARTY IN T

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

SECRETALY OF S

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
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effective date is listed, the date in te: If the date inserted in this	ust be specific and block does not n	cannot be prior t neet the applica	o date of filing or ble statutory fil	more than 90 day ing requiremen	s after tilir ts, this da	ig.) Pursuant te will not	. to 605.02 he listed :
ument's effective date on the	Department of S	tate's records.					
cord specifies a delayed effect	ve date, but not	an effective tin	ne, at 12:01 a.n	n, on the earlier	of: (b) '	The 90th da	av after th
s filed.					• ,		•
ed APRIL 22		2023					
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