L23000557436

(Re	questor's Name))
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		MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to f	Filing Officer:	
	Office Use Or	niv.



12/16/24--01018--024 ++25.00



COVER LETTER

TO: **Registration Section Division of Corporations**

HOWZIT HAULER LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STACY M. KELLY

Name of Person Firm/Company 620 BOARS HEAD DRIVE ___. ____ . . . Address PORT ORANGE, FL 32127 City/State and Zip Code stacykellyre@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 386 453-8600 _ at (_____) Area Code Dayt Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

🗑 \$25.00 Filing Fee

STACY KELLY

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed). □ \$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

ARTICLES	S OF ORGANIZ	ATION
	OF	ATION FLIED 2024 DEC L5 PH-1:-17 Number of our records.)
HOWZIT HAULER ELC		2024 DFC 16 DV
(<u>Name of the Limited Liabili</u> (A Floridi	ity Company as it now ap a Limited Liability Compar	pears on our records.)
(A Florida The Articles of Organization for this Limited Liability C florida document number <u>1.23000557436</u>	Company were filed on	TALLAHASSEE, Find assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company	<u>s here</u> :
he new name must be distinguishable and contain the words "Lim	nted Liability Company." (he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	····	
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on ou	r records, <u>enter the name of the new</u> register

	City	Zip Code	
	PORT ORANGE		
New Registered Office Address:	620 BOARS HEAD DRIVE Enter Florida street address		
<u></u>			

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.

01161 tha. hanging Registered Agent, Signature of New Registered Agent

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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
MGR	KELLY, STACY M.	620 BOARS HEAD DRIVE	≣ ∆dd
		PORT ORANGE, FL 32127	ElRemove
		UNITED STATES	
MGR	KELLY, NEAL C.	620 BOARS HEAD DRIVE	
		PORT ORANGE, FL 32127	
		UNITED STATES	
			🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

(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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

NOVEMBER 22	2024	
\Box		
Hay Te	200	
\Box	Signature of a member or authorized represer	utative of a member
STACY M. KELLY	\mathcal{O}	
	Typed or printed name of sig	nee