L24000317739

(Re	questor's Name)	
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(City	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration S Division of Co			
HOWRAI SUBJECT:	ELLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JASON ALDRICH		
		Name of Person	
	·	Firm/Company	
	10004 CORTEZ BLVD		
		Address	
	SPRING HILL FL 34613		
		City/State and Zip Code	
	JASONALDRICH2@ALL		
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
JASON ALDRICH		352 232-3515 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$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 Addre		Street Address:	
Registration Division of (Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOWRAE LLC		
(Name of the Limited I (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 07/15/2024	and assigned
Florida document number L24000312739	 ·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		202
		7024 JUL
Enter new mailing address, if applicable:	5++ 7- 2 → 27	,
(Mailing address MAY BE A POST OFFICE BO	x 0	
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		و و
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, enter the name ere:	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_		
	City	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Mandy Aldrich	10004 Cortez Blvd	□Add
		Spring Hill FL 34613	□Remove
			■Change
P	Jason Aldrich	10004 Cortez Blvd	
		Spring Hill FL 34613	□Remove
			Change
<u></u>			□Add
			□Remove
			□ Change
			
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not n	meet the applica	able statutory fi	or more than 90 days lling requirement	optional) safter filing.) Purs s, this date will	ruant to 605.0207 (not be listed as t
e record specifies a delayed effect rd is filed.	ive date, but not	an effective ti	me, at 12:01 a.i	m. on the earlier	of: (b) The 90t	h day after the
		2024				
07/29 Dated						
Dated		,	_ ·			
Dated 07/29	Simple	,				
Dated	Signature of a r	member or autho	orized representat	ive of a member		

Filing Fee: \$25.00