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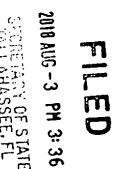
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C GOLDEN AUG - 6 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	How We See It, LLC				_
	N18000006116				
The enclosed Articles of Am					
Please return all corresponde		•			
r lease return an corresponde	thee concerning this matter	to the tonowing.			
	C	COREY LEGRAND			
	((Name of Contact Pe	rson)	• •	
	1	low We See It, LLC.			
		(Firm/ Company)		
	:	2851-3 Aragon Blvd.			
		(Address)		·	
		Sunrise, FL, 33313			
	(City/ State and Zip C	lode)		
	I	lowitsseen@gmail.co	om		
E	-mail address: (to be used	for future annual rep-	ort notification	n)	
For further information cone	erning this matter, please c	rall:			
	Corey LeGrand		754	2487236	
·	(Name of Contact Person)	at _		(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:	
S35 Filing Fee	☐\$43.75 Filing Fee & ☐ Certificate of Status	□S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certit	icate of Status ied Copy tional Copy is	
Mailing Address			eet Address	in	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 24, 2018

COREY LEGRAND 2851-3 ARAGON BOULEVARD SUNRISE, FL 33313

SUBJECT: HOW WE SEE IT INC. Ref. Number: N18000006116

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 618A00015168

Claretha Golden Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

FILED

How We See It,

. INC-

2018 AUG - 3 PM 3: 36

(Name of Corporation as curre	ntly filed with the l	Horida Dept. of State)
NISO	000006116	GEGNETARY OF ST TALLAHASSEE, I
(Document Numb	her of Corporation (
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	tion:	
		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ttion" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		·····
	<u></u>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered offi		da, enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		(trorua sireci diaress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fo	miliar with and acc	cept the obligations of the position.
CELVE JARY UN ASSIE E		
E C E C E C E L A S E	ignature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	COREY LEGRAND	2851-3 ARAGON BLVD.
Add			SUNRISE, FL
X Remove			33313
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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The date of each amendment(s) late this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.	
☐ There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated	7/12/18	
Signature	(og Ol	
have not	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
	COREY LEGRAND	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	