## h06000055954

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## **COVER LETTER**

TO: R	egistration Section ivision of Corpor	n ations				
		ECIALTY MIAMI LLC				
SUBJECT	`:	Name of Limited	Liability Company	-		
The enclos	ed Articles of Aπ	nendment and fee(s) are submitt	ted for filing.			
		ence concerning this matter to t				
		Max Scagnetti				
Name of Person						
	HOWDEN SPECIALTY MIAMILLC					
Firm/Company						
		1221 Brickell Ave., Suite 124	0			
			Address			
		Miami, FL 33131				
	City/State and Zip Code					
	max.scagnetti@howdenspecialty.com					
		E-mail address: (to	be used for future annual report notificat	(0.11)		
For furth	er information co	ncerning this matter, please call	:			
Max Sca	gnetti		786 275-3265 at ()	Number		
	Name of	Person	Area Code Daytime Te	repnone Number		
Enclosed	is a check for the	e following amount:				
	.00 Filing Fee	TI can an Cili. Too B	S55.00 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUNE 13 PH 12: 01

HOWDEN SPECIALTY MIAMILLIC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>05/31/2006</u>	and assigned
Florida document number L06000055854		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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	Daniel Hung Lopez	1200 Brickell Bay Dr., Apt. 1603, Miami, FL 33131	≣Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
·			□Remove
			Change
			□Adđ
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lf amendin	g any other	information, en	ter change(s)	here: (Att	ach additior	ial sheets, if n	ecessary.)	
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f an effective : <b>Note:</b> If the	date is listed, th date inserted	than the date of ne date must be speci in this block does on the Departmer	filing: fic and cannot be not meet the a	pplicable sta	of filing or mor	(op te than 90 days a requirements, t	otional) fler filing.) Pursua his date will no	int to 605,0207 ( it be listed as t
record spec d is filed.	ifics a delaye	ed effective date, b	ut not an effect	ive time, at	12:01 a.m. or	the earlier of:	(b) The 90th	day after the
Dated May :	;th	7. Ogensture	${I} \cdot \frac{2022}{}$					
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N	1ax Scagnetti			printed name				