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Office Use Only



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JUN 1 9 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpo		, ,	
SUBJECT:	ibitat Mani lu Name of Limi	ally LLC . ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subi	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Santage	Janegas · Name de Person	
	Habitat	Mini half Li	L.
	175 SW	7th st Sufe	120
	Micmi I	1 33130.	
	iolywoels (City/State and Zip Code Adototous	tification)
For further information con	cerning this matter, please ca	ıll:	
Tleara Name of P	Awardo erson		439 Y. ne Telephone Number
Enclosed is a check for 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 ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

tlabitet Miani h	alty UC.
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 3608 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S: -19
(Principal office address MUST BE A STREET ADDRESS	
	V::
	# 3 m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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 A	Authorized Person(s) authorized to mana on our records:	age, enter the title, name, and address of each	person being added
MGR = Mai AMBR = Aut	nager thorized Member		
Title	Name	Address	Type of Action
MGL	Javen A Motta	175 sw 7th st Sute 2201 Miani - FL 33130	DAdd
		Miani - FL 33130	Remove
			Change
MGIL	SANTIAGO JANEGAS.	His to the we ser	7201 □-∧dd
		Miani FL 33/30	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			_ Remove
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an effecti <u>ote:</u> If t	date, if other than the date of filing:
recor The 90	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the record is filed.
ated	03/16/19
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00