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COVER LETTER

Division of Cor					
SUBJECT:	SABOR	DE HAVANA CLC			
3003ECF		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Leslie GARBER Name of Person			
		SELECT GOODS LLC Firm/Company			
Firm/Company					
	1097	5 W. BROW. 9RD BLVD Address			
		Address	-		
	- fuan	TATION FL. 33324 City/State and Zip Code 7/160 & YAHOO, CON to be used for future annual report notific			
	5A154	City/State and Zip Code			
	E-mail address: (to be used for future annual report notific	ation)	20	39
For further information of	oncerning this matter, please c	all:		OCT	· · · ·
Leslie Moz	INS GARBER	at (<u>954</u>) <u>632</u> -	-5129	20 OCT 23	- 60 - 7554 - 7554
Name o	of Person	Area Code Daytime	Celephone Number	3 PH 3: 45	- 장육·
				بب	NATE OF THE PERSON NAMED IN COLUMN TO A CO
Enclosed is a check for t	he following amount:			্য	9.4.
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy in enclosed)	☐ \$60.00 Filing Fed Certificate of St Certified Copy (additional copy is a	atus &	

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 OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered.	SABUR DE	HAUANA		
A. If amending name, enter the new name of the limited liability company here: SELECT GOOS LLC		ny as it now appears on our recordability Company)	回りに	
A. If amending name, enter the new name of the limited liability company here: SELECT GOOS LLC	The Articles of Organization for this Limited Liability Company	were filed on $\frac{B/3}{I}$	120 and assigned	
A. If amending name, enter the new name of the limited liability company here: SELECT GOOS LLC			9. 45.	
SELECT GOODS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Same Same	this amendment is submitted to amend the following:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent:				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Same	SELECT G	CODS LLC		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent:	The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Same Same Enter Florida street address	Enter new principal offices address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Same Same Enter Florida street address	(Principal office address MUST BE A STREET ADDRESS)	"SAME"		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: (SAME) New Registered Office Address: Enter Florida street address Florida				
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: (SAME) New Registered Office Address: Enter Florida street address Florida				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Same Same Enter Florida street address Florida Flor	Enter new mailing address, if applicable:			
Name of New Registered Agent: New Registered Office Address: New Registered Office Address	(Mailing address MAY BE A POST OFFICE BOX)	SAME !	·	
Enter Florida street address	agent and/or the new registered office address here:			
Enter Florida street address	Name of New Registered Agent:	16		
Florida	New Registered Office Address:	Finan Planida etrant addr	ari .	
, Florida				
		, l , City	lorida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Apent's Signature if changing Registered Agent	·		
	agent and/or the new registered office address here: Name of New Registered Agent:	SAME '' SAME '' Enter Florida street address Florida		
	provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, or provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.		NIA		
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 Char	iging 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
			🖸 Add
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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) Note: 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. Dated <u>0(TOBER 16</u> 2020 Signature of a member or authorized representative of a member LESCIE MOLINS GARBER
Typed or printed name of signee

Filing Fee: \$25.00