

LD1000003163

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LITTLE HAVANA EQUITIES, LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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N. CAUSSEAU

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13 NOV 21 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTN: Nanette

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13 NOV 25 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

68035

2nd fax
3rd fax
11/25/13

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072430003255
Phone : (305) 634-3696
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LITTLE HAVANA EQUITIES, LLC

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

11/21/2013

DATE, TIME	11/21 14:43
FAX NO./NAME	18506175383
DURATION	00:00:46
PAGE(S)	05
RESULT	OK
MODE	STANDARD
ECM	

TIME : 11/21/2013 14:44
NAME : EMPIRE CORP
FAX : 3056339696
TEL : 3056343694
SER.# : BR087J5612020

TRANSMISSION VERIFICATION REPORT

H13000257969

(5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LITTLE HAVANA EQUITIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gryska Sotolongo

Name of Person

at (305) 4485898 ext. 204

Area Code & Daytime 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

H13000257969

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

Little Havana Equities, LLC

(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 01-16-07 and assigned
Florida document number L01000003163

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 end with the words "Limited Liability Company," the designation "LLC" 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:

(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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 608, 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

Page 1 of 3

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SECRETARY OF STATE

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

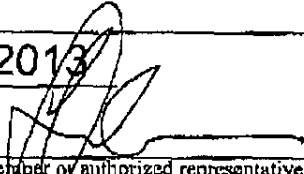
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Marcela Segal	605 West Flagler St	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 20, 2013



Signature of a member or authorized representative of a member

Francisco Rodriguez-Melo, Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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