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Division of Corporations

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**Enter the email address for this business entity to be used for future

Email Address:

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

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COVER LETTER

TO: Rugistration Suction Division of Corporations

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.

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

Enclosed is a check for the following amount:

S25.00 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

LITTLE HAVANA EQUITIES, LLC (Name of the Limited Limbility Company as it now appears on our records.) (A Florida Limited Limbility Company) The Articles of Organization for this Limited Liability Company were filed on 03-01-01and 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 mame 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 near registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Plorida street address Florida _ Cin 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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action 605 W Flagler Street **MGR** Francisco Rodriguez □ Add Miami, FL 33130 ■ Remove AMBR **LOURDES CASTELLON** 605 W FLAGLER STREET ■ Add MIAMI, FL 33130 □ Remove □ Add ☐ Add □ Bemove 🚓 □ Add _□ Remove

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).	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Effective date, if other than the date of filing:
	Dated August 13 2014
	Signalland of a member of authorized representative of a member Thomas G. Sherman, esq.
	Typed or printed name of signee

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Filing Fee: \$25.00

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