

LI 000000566

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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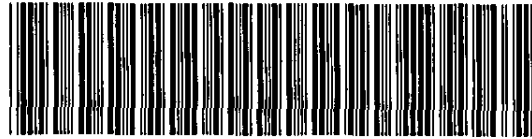
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 20 AM 11:00

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAVEN SOUTH BEACH, 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:

CHITTRANJAN THAKKAR

Name of Person

HAVEN SOUTH BEACH, LLC

Firm/Company

5875 PEACHTREE INDL BLVD STE 340

Address

NORCROSS GEORGIA 30092

City/State and Zip Code

RRAO@DCTSYSTEMS.NET

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

For further information concerning this matter, please call:

CHITTRANJAN THAKKAR at **770 7344337**

Name of Person

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2013 NOV 20 AM 11:00

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

HAVEN SOUTH BEACH, 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 1.4.2010 and assigned Florida document number L10000000566.

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)

2010 NOV 20 AM 11:00
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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

_____, Florida _____
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 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

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>
MGRM	MIAMI MIRCHI, LLC	17885 COLLINS AVE, UNIT 4001	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
MGR	CHITTRANJAN THAKKAR	17885 COLLINS AVE, UNIT 4001	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2011 NOV 20 11:11 AM
 CALLAHAN ASSOCIATES, INC.

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

Dated **11.19.13**

C.K. Thakkar

Signature of a member or authorized representative of a member

CHITTRANJAN THAKKAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 20 AM 11:00
SECRETARY OF STATE
FALL ANNUAL MEETING