

LI 000000566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

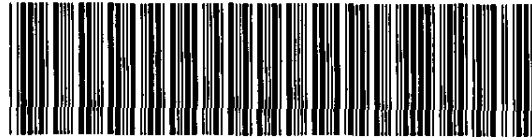
(Business Entity Name)

(Document Number)

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## 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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 NOV 20 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**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)**

**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

**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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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

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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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA