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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TŎ:	Registration S Division of Co		·		
SUBJ	rct:	Hav	veena, LLC		
SODG	<u> </u>		ited Liability Company		_
		f Amendment and fee(s) are su	•		
			Jane Parsons		
			Name of Person		
			Brandstand America		
919			Firm/Company		-
			amiami Trail S., Suite 1	1-	
			Address	· <u> </u>	
			Nokomis, FL 34275		
jan E-mail address: 6			City/State and Zip Code	10 Table 10	
		e@brandstandusa.com to be used for future annual report	notification) ,	-	
For fur	ther information	concerning this matter, please of	call:		
		_		044.0040	
		ane Parsons of Person	at (941)	244-9310 aytime Telephone Num	ber
Enclos	ed is a check for t	the following amount:			
□ \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certifi	Filing Fee, cate of Status & led Copy onal copy is enclosed)
		ING ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF 12 FEB 13 PM 12: 42

	Haweena, LLC	TALLAHASSEE	STATE
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)-E,	LLOKIDA.
The Articles of Organization for this Limited Lie	ability Company were filed on	June 3, 2011	and assigned
Florida document number L11000065	<u>649 </u>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE L	<u></u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter t</u>	he name of the new
N. CN. D. L. LA			
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Farah Awada	1468 Roosevelt Drive Venice, FL 34293	✓ Add Remove
MGR	Brandon Steinert	407 Palm Avenue Nokomis, FL 34275	Add ✓ Remove
	,		Add Remove
	·		Add Remove
			Add Remove
			Add
D. If amendin	g any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	FILE 12 FEB 13
 Dated	February 8 , 20	012	PH 12: 42 OF STATE E. FLORIDA
		r or authorized representative of a member Jane Parsons Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00