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## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion orations			
SUBJE	ECT:	HABIT	AMIAMI LLC		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
SEBASTIEN STUDER					
,			Name of Person		
			HABITAMIAMI LLC		
Firm/Company					
407 LINCOLN ROAD SUITE 6F				6F	
seb_studer@yahoo.fr  E-mail address: (to be used for future annual report notification)					
				notification)	
For fur	ther information con	cerning this matter, please c	all:	•	
	SEBAST	IEN STUDER	at ( 713 )	598 4157	
	Name of P	erson		aytime Telephone Number	
Enclose	ed 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 enc.)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration S Division of Co Clifton Buildi	orporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HABITA	MIAMI LLC		
( <u>Name</u>	e of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for	this Limited Liability Compa	ny were filed on	june 8, 2011	and assigned
Florida document number	L11000066956			
This amendment is submitted to	amend the following:			
A. If amending name, enter th	ne new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguish "L.L.C."	able and end with the words "L	imited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices ad	dress, if applicable:	<del></del>		
(Principal office address MUST	BE A STREET ADDRESS			
		•		
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A P	OST OFFICE BOX)			
B. If amending the registere registered agent and/or the new			our records, enter th	ne name of the new
registered agent and/or the he	w registered office address in	<u>ere</u> .		
Name of New Register	ed Agent:			
New Registered Office	Address:	Fn	uter Florida street addr	
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALLAN TAHAR	1830 S TREASURE DRIVE #1 NORTH BAY VILLAGE, FL331	10
	<u> </u>		Pamaua
			Add Remove
<del></del>	·		Add Remove
			☐ Add ☐ Remove
			AddRemove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if ne	ecessary.)
_			12
	**		P T
Dated			
	Signature o	f a member or authorized representative of a member  SEBASTIEN STUDER  Typed or printed name of signee	<b>&gt;</b>

Page 2 of 2

Filing Fee: \$25.00