

L11000066956

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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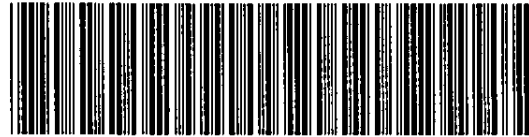
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AUG 20 2012

EXAMINER



500238527545

08/17/12--01009--015 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 PM 3:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HABITAMIAMI 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:

SEBASTIEN STUDER
Name of Person

HABITAMIAMI LLC
Firm/Company

333 NE 24TH Street, Suite 100
Address

Miami, FL 33137, USA
City/State and Zip Code

SEB_STUDER@YAHOO.FR
E-mail address: (to be used for future annual report notification)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 17 PM 3:27

For further information concerning this matter, please call:

SEBASTIEN STUDER at (713) 5984157
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

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

HABITAMIAMI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
DIVISION OF CORPORATION
12 AUG 17 PM 3:23

The Articles of Organization for this Limited Liability Company were filed on 06/08/2011 and assigned
Florida document number L11000066956.

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:

333 NE 24TH Street, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33137, USA

Enter new mailing address, if applicable:

333 NE 24TH Street, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33137, USA

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	STUDER, SEBASTIEN	407 LINCOLN ROAD, SUITE 6F MIAMI BEACH FL 33139 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STUDER, SEBASTIEN	1471 STILLWATER DRIVE MIAMI BEACH FL 33141 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____

Signature of a member or authorized representative of a member

SEBASTIEN STUDER

Typed or printed name of signee