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04/17/17--01028--033 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Habitat International Grosup IIC 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:
Patricia Workson. Name of Person
Hobitat International Group UC
MO1 Brokell Ave #8
City/State and Zip Code City/State and Zip Code Morribet Mount of State Control E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 346 9566 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$

TO:

Registration Section

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

Habitat Inte	Protection Company Florida Limited Li	y as it now appears of ability Company)	our records.		
The Articles of Organization for this Limited Lial Florida document number	bility Company v	were filed on <u>04</u>	114/17	and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	iity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the design	ation "LLC" or the a	bbreviation "L.L	C."
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET		1101 Brig	Kell Au	6 # 60	
Enter new mailing address, if applicable:		,		CAR	7 200
(Mailing address MAY BE A POST OFFICE Bo	<u>OX)</u>			TO A	1 gran
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the names	f the nev
Name of New Registered Agent:	Patria	a Wor	11300	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1101	Brickell Enter Florida si	Ave -	HB	
·	. M	City	, Florida	331 Zip Code	31

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 605, 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.

PATRICIA WORRESON
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR.	Patricia Morrison	1101 Brickell Aue 42	Œ Add
		Miami Fl 33131	
			Change
MGR	Laselo Varga	1000 BRICKELLAUE	
	# 925 MIAMI FL 33131	_ B Remove	
			Change
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ective date, if other than the date of filing:	unnot be prior to date of		0 days after fi	nal) iling.) Pursuan	at to 605.	
: If the date inserted in this block does not me ment's effective date on the Department of Sta	et the applicable sta					
union sericetive date on the Department of Sta	ic s records.					
record specifies a delayed effective da	te, but not an e	ffective time, at	12:01 a.	m. on the	earlie	:r e
he 90th day after the record is filed.						
ed 1/91/14, 2017.	·			:.		
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Filing Fee: \$25.00