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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

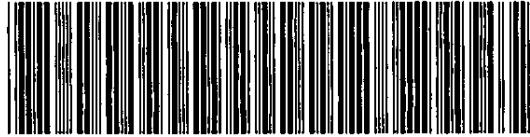
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HABANA CORNER 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:

FAUSTO RAFAEL ABREU NUNEZ
Name of Person

NA
Firm/Company

2901 W. HILLSBOROUGH AVE
Address

TAMPA, FL 33614
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAUSTO RAFAEL ABREU NUNEZ at (813) 418-0422
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**

HABANA CORNER 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 _____ and assigned
Florida document number _____.

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 contain 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)

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TALLAHASSEE, FLORIDA

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:

FAUSTO RAFAEL ABREU NUNEZ

New Registered Office Address:

2901 W. HILLSBOROUGH AVE

Enter Florida street address

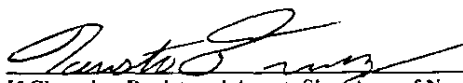
TAMPA
City

Florida

33614
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 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.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>MARIA RODRIGUEZ</u>	<u>2901 W. HILLSBOROUGH ave</u>	☐ Add
		<u>TAMPA, FL 33614</u>	☒ Remove
			☐ Change
<u>MGRM</u>	<u>EPIFANIO RODRIGUEZ</u>	<u>2901 W. Hillsborough ave</u>	☐ Add
		<u>TAMPA, FL 33614</u>	☒ Remove
			☐ Change
<u>MGRM</u>	<u>FAUSTO RAFAEL ABREU NUÑEZ</u>	<u>2901 W. Hillsborough ave A/B</u>	☒ Add
		<u>TAMPA FL 33614</u>	☐ Remove
			☐ Change
<u>MGRM</u>	<u>JEREMY RAFAEL ABRAU</u>	<u>2901 W. Hillsborough ave A/B</u>	☒ Add
		<u>TAMPA, FL 33614</u>	☐ Remove
			☐ Change
<u>AGENT</u>	<u>JEREMY RAFAEL ABRAU</u>	<u>2901 W. Hillsborough ave A/B</u>	☒ Add
		<u>TAMPA, FL 33614</u>	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
WILLIAMSBURG, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

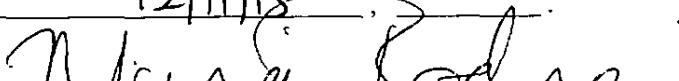
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

12/11/15



Signature of a member or authorized representative of a member

MARIA RODRIGUEZ

Typed or printed name of signee