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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		ure Acquisitions, LLC		
			ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Pamela D. Colby		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		13306 Gulf Blvd		
		Madeira Beach, FL 33708	Address	
		pamcolby@icloud.com	City/State and Zip Code	······································
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	all:	•
Pamela D. C		•	727 515-8813 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Florida Future Acquisitions, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Copa Havana, LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
B. If amending the registered agent and/or registered		er the name of the new
registered agent and/or the new registered office address h	ere:	75 15
Name of New Registered Agent:		
New Registered Office Address:		SS - 7 7
	Enter Florida street address	19 3 17
	, Florida	
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change	ete performance of my duties, and I at us provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

					•														
-	•	_		×	=	**		 2	**	•	-,	-	_	•	~	_	~-	•	 •

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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			☐ Remove
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			Add
			□ Remove
			□ Change

		
 		
ffective date, if other that an effective date is listed, the da	n the date of filing:	(optional) re than 90 days after filing.) Pursuant to 605.0207
lote: If the date inserted in t	his block does not meet the applicable statutory filing	requirements, this date will not be listed as
ocument's effective date on	the Department of State's records.	<u> </u>
e record specifies a del	ayed effective date, but not an effective ti	
The 90th day after the	record is filed.	
M 04	2015	min in the second of the secon
May 04 Dated	, 2015	
	Panula D. Colles	ORID.
	Signature of a member or authorized representative of	
Pamela D. Colby		
•	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00