

L14 0000 09179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

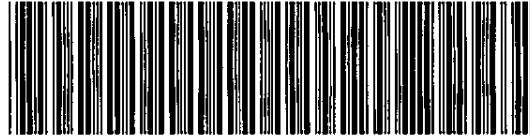
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800266639248

11/24/14--01028--018 **25.00

FILED
14 NOV 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Habitribe Real Estate 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:

Henry Batievsky
Name of Person
Habitribe LLC
Firm/Company
1430 S. Dixie Highway #320
Address
Coral Gables, FL 33146
City/State and Zip Code
Henry @habitribe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry Batievsky at **305** **987-5147**
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**

Habitribe Real Estate 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 1/16/2014 and assigned Florida document number L14000009179.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Habitribe Realty LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

FILED
14 NOV 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Habitribe LLC	465 Brickell Avenue 519	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
AMBR	Henry Batievsky	1430 South Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	
AMBR	Jose Javier Hidalgo	1430 South Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 14 NOV 24 AM 11:57
 Add
 Remove
 Add
 Remove

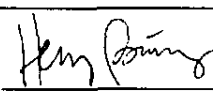
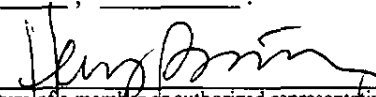
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 18, 2014

Signature of a member or authorized representative of a member

Henry Batievsky

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 NOV 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA