## L14000089491

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## **COVER LETTER**

TO: Registration Division of C			
Haven O	rlando LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Willie Paredes		
	_	Name of Person	
	Haven Orlando LLC		
	-	Firm/Company	
	5728 Major Blvd. Suite 50	05	
		Address	<del></del>
	Orlando, FL 32819		
		City/State and Zip Code	
	nypizza2013@gmail.com		
		to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
Willie Paredes		407 4551081 at ()	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	r 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

Haven Orlando LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number L14000089497	Company were filed on 5/27/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		eords, enter the name of the new
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutie gent as provided for in Chapter ( ed office address, I hereby confir	s, and I am familiar with and 505, E.S. Or, if this document is m that the limited liability
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Page 1 of 3

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>	Address	Type of Action
AMBR	Willie Paredes	5728 Major Blvd. Suite 505	Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
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ective date, if other than n effective date is listed, the date	the date of fili e must be specific a	ing: and cannot be prior	r to date of filing or m	ore than 90 days	optional) after filing.) I	Pursuant to 605.02
te: If the date inserted in the tument's effective date on the	nis block does no	t meet the applic	cable statutory filin	g requirements.	, this date w	vill not be listed
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record specifies a dela			ot an effective t	ime, at 12:0	01 a.m. o	n the earlier
he 90th day after the	Tecord is life	u,				
ed August 31st		2015	/			
		<u> </u>			ers.	
		/			- <u>20</u> 00 - 1	29
	Signature of	a member or auth	orized representative	of a member	1-0	
M. a	Signature of	a member or auth	orized representative	of a member		
Matthew Falconer	Signature of		·	of a member	RETA NHAS	3
Matthew Falconer	Signature of		orized representative	of a member	RETAR VHASS	3

Filing Fee: \$25.00