Page 1 of 1

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000148652 3)))



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To: .

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA

Account Number : 072450003255

Phone Fax Number

: (305)634-3694 : (786)409-5946

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. \*\*

Zmail Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUPO HABITA 911, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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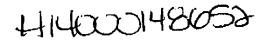
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https://cfile.sunbiz.org/scripts/efileovr.exe

CORPUSA

6/20/2014





## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: GRUPO HABITA 911, 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:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

Gryska@uniontitleservices.com

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

Por further information concerning this matter, please call:

Gryska Sotolongo

.,,305,4485898

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 Tailahassee, 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

GRUPO HABITA 911, LLC (Name of the Limited Lightlifty Company as it now unnears on our records)
(A Florida Limited Lightlifty Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 12, 2014 and assigned Florida document number L14000094660 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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

Page 1 of 3

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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:

AMBR = Authorized Member Address Type of Action Title Name 25700 Science Park Dr. G3 Partners LLC **AMBR** Suite #365 Beachwood, OH 44122 \_\_\_ Remove \_D Add \_\_ Remove 🗅 Remove □ Add \_\_\_\_ 🗀 Remove

Page 2 of 3

MGR = Mnnager

D,	'amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
		· · · · · · · · · · · · · · · · · · ·
		-65-10
	ffective date, if other than the date of filing:(of the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 of the date this document is filed by the Florida Department of State)	optional) days after
	vated June 19, 2014//.	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY SECTION AND SECRETARY SECR

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