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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corpo	rations		
SUBJECT:	Have	ina Investm	ents LLC	
	<u> </u>	Name of Lim	ited Liability Company	
The enclosed Arti	icles of An	nendment and fee(s) are sub	mitted for filing	
			<u>-</u>	
Please return all c	correspond	ence concerning this matter	to the following:	
		Ronald	D. Rock's, Tvu	stee
		1 Barbad	os Av-	Process Company Com
			Firm/Company	
		1 Barbad	os Avenue, Unit 2	79
		Tampa	, FL 33606	
		1.	City/State and Zip Code	
		rrooK≤11@	verizon, net	(fination)
				инсаноп)
		erning this matter, please ca	ill:	
Ronal	d Ro	oKs	813 . 215-2	.738
	Name of Pe	rrson	Area Code Daytir	ne Telephone Number
Enclosed is a chec	ck for the f	following amount:		
№ \$25.00 Filing	: Fee	□ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certificate of Status & Certified Copy
Mailing .	Address:		Street Address:	
Registra	ation Sec		Registration Se	
	n of Corp ox 6327	porations		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

Havana Inves	tments, LLC
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000167070</u>	Company were filed on October 22, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	(-) (-) (-)
B. If amending the registered agent and/or register	red 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:	A C: 5:
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Register	
	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability e.
	If Changing Degistered Agent Signature of You Degistered 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>	Address	Type of Action
MGR	Ronald D. Rooks	1 Barbados Avenue, Unit 20	□Add
		Tampa, FL 33606	X Remove
			DChange
AMBR	Karen A. Rooks	1 Barbadas Avenue, Unit 2D	□Add
		Tampa, FL 33606	Kemove
			DChange
MGR	Ronald D. Rooks, Trust	ee Barbados Avenur, Unit 20	IXAdd
	ula dated Nov. 16,2021	Tampa, FL 33606	Remove
			□Change
AMBR	Karen A. Rooks, Truster WA dated Nov 16, 2021	1 Barbados Avenue, Unit 21) XAdd
	MA daled 1000 16,2021	Tampa, FL 33606	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change

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If an el <u>Note:</u>	tive date, if other than the date of filing: December 1, 2021 (optional) Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
rd is f	
Dated	November 23 2021 Ronald D Rooks, MER Co-Trusto Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00