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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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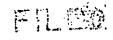
TO:

TO:		istration Se ision of Cor			
SUBJE	CT.	Havana Thu	inder Challenge LLC	r	
SOBJE.			Name of Lim	ited Liability Company	
The enc	closed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return	all correspo	ndence concerning this matter	to the following:	
			James Gilleran		
			Havana Thunder Challenge	Name of Person	
			801 Duval Street	Firm/Company	, ; · · · · · · · · · · · · · · · · · ·
	Address Key West, Florida 33040				
			jamesgilleran@gmail.com	City/State and Zip Code	
For furt	her in	ıformation c	E-mail address: (i oncerning this matter, please ca	to be used for future annual reportable:	notification)
James (Giller	an		305 304-240	0
		Name o	f Person		nytime Telephone Number
Enclose	ed is a	check for th	ne following amount:		
□ \$25	5.00 F	iling Fec	■ \$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)
		Registr Divisio P.O. Be	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Havana Thunder Challenge LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 FF9 12 戸命15 The Articles of Organization for this Limited Liability Company were filed on June 9th 2015 and assigned Florida document number L15000099466 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 contain 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:

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

Enter Florida street address

__, Florida ____

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>	<u>Address</u>	Type of Action
MG	Daniel Gilleran	801 Duval St Key West, Fl 33040	
			■ Remove
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		02/06	5/19			
an effective date is Sote: If the date	f other than the date is listed, the date must be s inserted in this block of tive date on the Depart	e of filing:specific and cannot be does not meet the	e prior to date of applicable statu	filing or more than ttory filing require	(optiona 90 days after filin ements, this dat	g.) Pursuant to 605.02
e record spec The 90th day	cifies a delayed eff y after the record	ective date, b	ut not an eff	ective time, a	t 12:01 a.m	on the earlier
ated February 6	th /i /	2019	·			
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Filing Fee: \$25.00