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D. SCOTT OCT 0 3 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Havenas Mane 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:
Name of Person
Hermas Miani, LLC Firm/Company
9800 Sharidan St. Apt. 101 Address
Pantoro Ka Pines FL 33024 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number 33 T
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ \$\times \text{Certified Copy (additional copy is enclosed)}\$ \$\times \text{S60.00 Filing Fee & 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)
(A FIO	rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on $9706(2015)$ and assigned
Florida document number <u>L15000 (</u>	5531
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "l	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 AD	DRESS)
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	20 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida
	City Zip Code

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGTZ	Angelica Novia	6901 Environ Blud 4D FT Lowderdale, FL 337	Add
		FT Louderdole FL 33	Remove
			Change
			Add
			Remove
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		ALL AH	SE COLLEGE AND FINANCE PROPERTY OF THE PROPERT
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ective date, if other than a effective date is listed, the date: If the date inserted in a cument's effective date on	ate must be specific and car this block does not mee	nnot be prior to date of the the applicable statu	filing or more than 90 d	ays after filing.) Pt		
record specifies a de he 90th day after th		e, but not an eff	ective time, at 1	2:01 a.m. on		er of
ed Sopher	nbar 24,	2016	ı	No.	SEP 30	FLED
				<u>.</u>	- 1''' - '''' '''' ''''	1 7
	Signature of a mer	mber or authorized rep	esentative of a member		15 14 15 53 15 14 15 53	(,,,,

Page 3 of 3

Filing Fee: \$25.00