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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	Haven Inves	stment LLC				
SUBJECT		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please returr	all correspor	ndence concerning this matter	to the following:			
		Joseph Brien, Esquire				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		The People's Advocate				
			Firm/Company	*		
•		1930 Harrison Street, Suite	204			
			Address			
		Hollywood, FL 33020			g 5	
			City/State and Zip Code		. .	
		jbrien@thepeoplesadvocate		ا مين د د د د د د د د د د د د د د د د د د د	NO.	7
		E-mail address: (to be used for future annual report notifi	lcation)	20 124	FILEU
For further i	nformation co	oncerning this matter, please ca	all:	<u> </u>	3 3	Ċ
Joseph Brie	n		954 3206940 at ()		? ! !	
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &	

MAILING ADDRESS:

TO:

Registration Section

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 Investment LLC	
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on October 20, 2015 and assign
lorida document number L15000178570	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited	liability company here:
laven Investments LLC	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
,	728 5
	置る工
nter new mailing address, if applicable:	20 [
Mailing address MAY BE A POST OFFICE BOX)	33 2 5
	25.12
	SA E
. If amending the registered agent and/or registered	d office address on our records, enter the name of
gistered agent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
Trow Registered Office Atlantage.	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member ' '		
<u>Title</u>	<u>Name</u>	Address	Type of Action
villa de la companya			
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			□ Change
			Add
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Filing Fee: \$25.00