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SECRETARY OF STATE STATE AND ANALYSISEE FLORIDA

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## **COVER LETTER**

TO: Registration Sect Division of Corpo				
5234Art Habi SUBJECT:	t LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Ananda DeMello			
		Name of Person		
		Firm/Company		
	7950 Abbott Ave #16			
		Address		
	Miami Beach, Fl 33141			
	ananda@makearthabit.com	City/State and Zip Code	2016 MAR 10 SECRETARY MARASSE	٦
	E-mail address: (	to be used for future annual report notifica-	tion)	
For further information con	cerning this matter, please ca	all:	GRETARY G	T
Ananda DeMello		305 3005234at ()	F. 5	
Name of P	erson	Area Code Daytime Te	elephone 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 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

Art Habit LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our re- limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 2/18/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
		72 B
		CO 35
Enter new mailing address, if applicable:		AHAM T
Mailing address MAY BE A POST OFFICE BOX)		82 0 m
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		जुड़ी ज़
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, 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, 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	Ananda DeMello	7950 Abbott Ave #16	⊒ Add
		Miami Beach, Fl	☐ Remove
		33141	Change
MGR	Jason Aponte	2530 SE 19th Place	Add
		Homestead, Fl	Remove
		33035	Change
			Add
			□ Remove
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ffective date, if other than an effective date is listed, the date	the date of filing:	La colonia de la FEI	(opti	onal)	F 0207
Note: If the date inserted in the locument's effective date on t	is block does not meet the	applicable statutory f	iling requirements, thi	s date will not be list	ed as
dedition s circuity date on t	ic Department of State 8 1	coords.			
e record specifies a dela The 90th day after the		out not an effectiv	e time, at 12:01	a.m. on the earli	er of
March 6th	2010	5			
1	7 7				
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Typed or printed name of signee

Filing Fee: \$25.00