116000140282

| (Requestor's Name) |
|---|
| |
| (Address) |
| (1.000) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (0.0) 0.0000 |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |





700418866267

11/13/23--01044--002 **25.00

2023 NOV 13 PK 4: 17



COVER LETTER

TO:

| TO: Registration Solution of Co | | | | |
|---|--|---|--|--|
| Haven Gea | ır LLC | | | |
| SUBJECT: | Name of Lim | Name of Limited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Cynthia Giannacco | | | |
| | | Name of Person | | |
| | Haven Gear | | | |
| | | Firm/Company | | |
| | 2825 Business Center Blve | l Su p te C9 | | |
| | | Address | | |
| | Melbourne, FL 32940 | | | |
| | | City/State and Zip Code | | |
| | cyndi.giannacco@pelican-s | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information of | concerning this matter, please c | all: | | |
| Cynthia Giannacco | | 321 591-1449 at () | | |
| Name (| of Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for t | he 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 Addre | | Street Address: Registration Sec | ction | |
| Registration Section Division of Corporations | | Division of Cor | | |
| P.O. Box 632 | 27 | The Centre of T | allahassee | |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records hability Company) | .) |
|---|--|------------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on 07/26/2016 | and assigned |
| Florida document number 81-3576704 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2028 NC |
| | | <u> </u> |
| | | · |
| | | (3 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u></u> |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter t</u> | the name of the new reg |
| Name of New Registered Agent: | | |
| New Registered Office Address: | - · · · · · · · · · · · · · · · · · · · | |
| | Enter Florida street address | |
| | Flo | rida |
| | 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 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 |
|--------------|----------------|------------------------------------|----------------|
| AMBR | Elyssa Ratliff | 2825 Business Center Blvd Suite C9 | □ Add |
| | | Melbourne, FL 32940 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | - | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Ć∃ (°!haarara |

| - | |
|--------------------|---|
| | |
| • | |
| | |
| - | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| - | |
| - | |
| | |
| | |
| - | |
| | |
| , | |
| | |
| (If an ef Note: | date, if other than the date of filing: |
| he recor | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the |
| Dated | 2023 · |
| | Signature of a member by authorized representative of a member |
| | Speciality of a memory of analysis of a memori |
| | Cynthia Giannacco |