## L16000180806

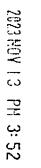
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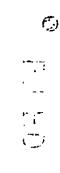
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## COVER LETTER

Division of Cor		•	· · · · · · · · · · · · · · · · · · ·		
Havana Lo	vina LLC	**,	•		
SUBJECT:	Name of Lin	aited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sunder Thadani				
		Name of Person			
		Firm/Company	<del> </del>		
	3802 NE 207 Street, #140	3			
		Address			
	Aventura Fl, 33180				
	D. da. (104 (2)	City/State and Zip Code			
	Rthad96@gmail.com E-mail address: (	to be used for future annual repe	ort notification)		
For further information c	oncerning this matter, please c	all:			
Rahul Thadani		786 878-99	060		
Name o	f Person	at () Area Code I	Daytime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Addr. Pogistratio			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Havana Lovina LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on September 28, 2016	and assigned
Torida document number L16000180806	e.	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the c	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	2123 I OV
		2
		ω .
inter new mailing address, if applicable:		=== <u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		<del>ာ သ</del> — …
		2
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the nai	me of the new regi
	, Florida	
<del></del>	, Florida	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
MGR Rahut Thadani	3901 Pinecrest Court	<b>=</b> Add	
	Weston, Florida 33331	□Remove	
		Change	
		□ Add	
		□Remove	
		□Change	
		□Remove	
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		□Remove	
		(TChange)	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated November 8 Signature of a member or authorized representative of a member Lovina Thadani Typed or printed name of signee