08:15 AM PST

TO: 18506176383 FROM: 7862171243

Page:



Electronic Filing Cover Sheet

(((H 170002939723)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

: (786)217-1243

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)359-3700 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MOLSter (0)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HABITAT DEVELOPMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

(((H130002939723)))

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

NOV 9 2017

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COVER LETTER (((H17000 &939 723)))

TO: R	egistration S ivision of Co	ection rporations		
SUBJECT	HABITAT	DEVELOPMENT GROUP	LLC	
		Name of L	imited Liability Company	
		Amendment and fee(s) are su	•	
lease retur	n all correspo	ondence concerning this matte	er to the following:	
		SONIA BOTERO		
			Name of Person	
		JP GLOBAL BUSINESS	SOLUTIONS INC	
			Firm/Company	
		1395 BRICKELL AVE S	UITE 1380	
		MIAMI FL 33131	Address E	
		MASTER@JPGBUSINES		
or fluther is	Iformation co	E-mail address: oncerning this matter, please o	(to be used for future annual report not	ification)
UIS F PER	ez		305 359-3700	· ·
	Name of	Person	Area Code Daytim	e Telephone Number
nclosed is a	check for the	following amount:		•
	iling Fee		S55.00 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

(((4170002939723)))

11/8/2017 08:15 AM PST

TO:18506176383 FROM:7862171243

Page:

3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H170002939723))) OF

HABITAT DEVELOPMENT GROU		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	hility Company were filed on 01/25/2017	
Florida document number L17000019909		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	233	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address as a second	
Name of New Registered Agent:		· •
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	
iew Registered Agent's Signature, if changing Revi	City	Zip Code
	SIFFER 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

Page 1 of 3

(((HI7COLOGIA)))

l1/8/2017	1/8/2017	08:15	AM	PST
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TO:18506176383 FROM:7862171243 Page: 4
(((H17000 2939 723))) 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

Title	<u>Name</u>	Address	Type of Action
MGR	FERNANDO GOMEZ	1395 BRICKELL AVE STE 800	- pe or remon
		MIAMI FL 33137	
		MININE EL 20101	■ Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
		· .	
			☐ Remove
			□ Change
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, (Inecessary.) E. Effective date, if other than the date of filing: 11107/2017 (In effective date, if other than the date of filing: 11107/2017 (In effective date, if other than the date of filing: 11107/2017 (In effective date is lated, the date must be specific and earnot be proto date of filing or more than 90 days after filing.) Primate to 955,0207 (1)(b) Nate: 10 or date inserted in this block does not more 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: Dated NOVEMBERR 191 2017 Signature of a member or authorized representative of a member. LUIS F PEREZ Typed or promed name of signee Page 3 of 3	8/2017	08:15 AM PST	TO:18506176383	FROM: 786217124	13 Pag	e: 5
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Page 3 of 3 (((H170002939200)))						
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