LN00001361

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COVER LETTER

TO: Registration S Division of Co			
DLS ENTI SUBJECT:	ERPRISES OF HAVANA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DONNA L SALTERS		
		Name of Person	
	DLS ENTERPRISES OF	HAVANA LLC	
		Firm/Company	.
	207 W 10TH AVENUE		
		Address	<u>**</u>
	HAVANA FL 32333		
		City/State and Zip Code	
	donnasalters@yahoo.com		
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report not all:	uhcation}
DONNA L SALTERS		850 284-3622 at ()	
Name (of Person		ne 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 Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	rl. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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	DONNA L SALTERS	207 W 10TH AVE HAVANA FL 32333	Add
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement ament's effective date on the Department of State's records.	_ (optional) ays after filing.) Pents, this date w	ursuant to ill not be	605,020° listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies filed.	er of: (b) The S	90th day a	after the
ed MARCH[11th . 2020			

Filing Fee: \$25.00