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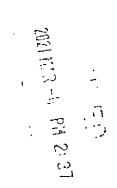
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	rporations		
	& SINISTER LLC		
SUBJECT:	Name of Lin	nited 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:	
	Fabian Rodriguez Barrios		
		Name of Person	
	DEXTER & SINISTER L	LC	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	·	Firm/Company	
	13020 SW 82nd St		
		Address	
	Miami, Florida 33183		
		City/State and Zip Code	
	fabiofabiantwins@gmail.co		
		to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Fabian Rodriguez Barrio	s	786 7126295 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEXTER & SINISTER LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	oility Company were filed on 03/21/2018	and assigned
Florida document number L18000072750		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
HAVANA TWINS LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		20
	istered office address on our records, <u>enter the na</u>	
B. If amending the registered agent and/or reg	istered office address on our records, enter the na	me of the new registere
agent and/or the new registered office address	here:	1
Name of New Registered Agent:		
New Registered Office Address:		ို့ မ
non regiments office (March).	Enter Florida street address	
	, Florida _	
	Con	Zin Coda

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
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			□Change
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Signature of a member or authorized representative of a member	February 27		2021	M			
Signature of a member or authorized representative of a member			Sul	gord			
	•	Signature	of a member or au	thorized representati	ve of a member	·	-
Fabian Rodriguez Barrios				nted name of signee			

Filing Fee: \$25.00