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(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)	,	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
			

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FILED
2020 OCT -2 AM IO: OO

NOV 10 2020 M. SOLOMON

COVER LETTER

TO: Registration Division of C				
	W HABITAT LLC			
SUBJECT:				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	ANDRE DE CAMPOS			
		Name of Person		
	NEW HABITAT LLC			
	Firm/Company			
	2302 LUCAYA LN			
		Address		2020
	COCONUT CREEK, FL 33066			2020 OCT -2 AH 18:00
		City/State and Zip Code		T-2
	ANDREDECAMPOSUSA E-mail address: (@HOTMAIL.COM to be used for future annual report notifi	cation)	
For further information	n concerning this matter, please c	all:		900
ANDRE DE CAMPO	os	754 244-3541		
Nan	ne of Person		Telephone Number	
Enclosed is a check for	or the 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 Certificate of Certified Copy	Status & y
Mailing Add Registration	n Section	Street Address: Registration Sec Division of Corp		
Division of Corporations P.O. Box 6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW HABITAT LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company	here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		2020
			<u> </u>
			T- \$1, 1 years
Enter new mailing address, if applicable:			2 N I
(Mailing address MAY BE A POST OFFICE BOX)		-	- E 22
Mulling duaress MAT BE A FOST OFFICE BOA			- 50 S
	-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on oui	r records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	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 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
AMBR	RODRIGO CAMPOS	2302 LUCAYA LANE #B2	■Add
		COCONUT CREEK, FL 33066	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□ Add
			2020 PVC T - 2ge AH 189: 0
<u></u>			Change Ch
			□ Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change

Typed or printed name of signce