L18000287138

(Re	questor's Name)	
(Ad	dress)	·
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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C. GOLDEN FEB 1 4 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Villa La Name of Limi	Pinta Havana ited Liability Company	LLC
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Philip	S Waldo S)Tearns
		Firm/Company	
	1240	SW 14th Au	٤
	Fort L	City/State and Zip Code	1 33312
		of Overizon.net	
For further information	concerning this matter, please ca	il:	
Philip & STE	CGA 5 of Person	at (310) 251 (Area Code Daytime	8496 Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB -8 PM 5: 07

Villa La Pinta	Havana LLC Jany as it now appears on our records.) Clability Company) All ASSEE . FI
	- W. I. C.
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L}{18000287138}$.	y were filed on <u>December 14¹² 20</u> 17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	1240 SW 14th Ave Fort Landerdale FL 33312
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1240 SW 14th Ave Fort Lauderdole FL 33312
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: Pulip New Registered Office Address: 1240	Waldo Stearns Sw 14th Ave Ener Florida street address
Fort La	Weddle Borda 33312 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

MGR = Manager AMBR = Authorized Member Type of Action Address Title Name MGR CARDA LLC □ Add 1875 NE 197 THERALE MIOMI FL 33179 Change MGR PHILIP WALD STEPPENS, 1240 SW 14 AVC. PAdd

Trustee of the Steppens Fort Lade: " F/ Remove

SAMILY TAVET U/a d 11/17/2004 533312 ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ 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:

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_		
<u>ote:</u> If	e date, if other than the date of filing:	3)(b ae
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.	
ited	2/1/13	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00