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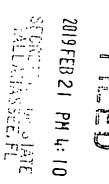
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R. WHITE.

COVER LETTER

eun urer.	NORTH HA	ABANA EXECUTIVES SUITI	es llc	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSE A. DAPENA		
			Name of Person	
		JOSE A. DAPENA, P.A.		,
			Firm Company	
		5975 SUNSET DRIVE, SU	JITE 102	
			Address	
		SOUTH MIAMI, FL 3314	3	
		DAPENALAW@AOL.COM	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Jose A. Dapo	ena	_	786 355-3389 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	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 ADDRESS:

TO:

Registration Section Division of Corporations

> 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

FILED

NORTH HABANA EXECUTIVE SUITES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{12/27/2018}{2}$ and assigned Florida document number L19000001497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSE A. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL 33143	
			☐ Remove
			Change
AMBR	LOURDES P. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL. 33143	
			□ Remove
			Change
MGR	JOSE A. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL. 33143	Add
			Remove
			Change
MGR	JOSE A. DAPENA	5975 SUNSET DR, SUITE 102 SOUTH MIAMI, FL 33143	
			■ Remove
			Change
			□ Add
			☐ Remove
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Tective dat	e, if other than the da	ate of filing:	·	(optional)	
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	pecifies a delayed e day after the recor		an effective time, a	t 12:01 a.m. on the earl	lier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00