## L19000050722

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## **COVER LETTER**

	tegistration Se Division of Cor							
SUBJECT		LE HAVANA LLC						
		Name of Lim	ited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please ren	ım all correspo	ndence concerning this matter	to the following:					
		Michelle Parlade Corey, E.	sq.					
		<del></del>	Name of Person					
		Parlade Law Firm PA						
		<del></del>	Firm/Company					
7050 SW 86 Avenue								
			Address					
Miami, FL 33143								
		alegershanik@gmail.com	City/State and Zip Code					
		E-mail address: (	to be used for future annual report notif	ication)				
For further	r information co	oncerning this matter, please ca	all:					
Alejandro	Gershanik		305 572-3646 at (					
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclosed i	s a check for th	e 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 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

GPW LITTLE HAVANA LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	any were filed on 02/20/2019	and assigned
Florida document number L19000050722		
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 I	iability 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	0	
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Enter new mailing address, if applicable:		開発をつ
Mailing address MAY BE A POST OFFICE BOX)		65 =
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		<del></del>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	Purel 1 miner in est than ex	
<del></del>	, Flor	ida
	City	гир соае

## 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	WEISS, JUAN MARTIN	9595 COLLINS AVENUE APT 1101	
	<del></del>	SURFSIDE, FL 33154	
			Remove
			Change
MGR	PAOLINI, FRANCISCO	9595 COLLINS AVENUE APT	□ Add
		SURFSIDE, FL 33154	
			Remove
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Filing Fee: \$25.00