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COVER LETTER

Division of Co			
New Have	en USA LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Catalina Jaramillo Giraldo		
		Name of Person	
	New Haven Usa LLC		
		Firm/Company	
	1525 N Park Dr Suite 104	Weston, Florida 33326	
		Address	
	Weston, Florida - 33326		
	catajaramillog@hotmail.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report notification)	
For further information	concerning this matter, please ca	all:	
Daniela Velez		954 9375906	
Name	of Person	at ()	N
Name	ot reison	Area Code Daytime Telepho	one Number
Enclosed is a check for	the following amount:		
5 S25.00 Filing Fee	■S30.00 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 Addre Registration		Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 Al. 9.33

New Haven USA 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 Compan	y were filed on march 07/ 2019	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	il <u>ity company here</u> :	
New Heaven USA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	8215 sw 72nd ave Apt 1407	
	33143. Miami - Florida	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			CChange
			□Remove
			□Change
			
			□Remove
			□Change
			DAdd
			□Remove
			□C'hanus

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fan effect <mark>Sote:</mark> If	date, if other than the date of filing:
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 4.
Dated	12/3/2020
	Chilul
	Signature of a member or authorized representative of a member