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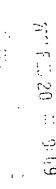
(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Div	ision of Co	rporations		
CUBICCE	LITTLE H	AVANA VENTURES LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		VERA ZACKER		
			Name of Person	
		THE BAU GROUP		
			Firm/Company	
		1942 SW 9TH STREET		
			Address	
		MIAMI, FL 33135		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please c	all:	,
VERA ZACI	KER		786 877-7825	(2) (2)
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address:	antinu
	sistration S ision of C	orporations	Registration So Division of Co	
P.O	. Box 632	7	The Centre of	Tallahassee
Tall	lahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE HAVANA VENTURES LLC

company has been notified in writing of this change.

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

	(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on JULY (01, 2019	_ and assigned
Florida document number L19000171776	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
THE BAU GROUP ARCHITECTURE LLC				
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREE				
				~ "
Enter new mailing address, if applicable:		N/A ::,		
(Mailing address MAY BE A POST OFFICE	BOX)			i.,
				<u> </u>
				. ,
B. If amending the registered agent and/or		ddress on our recor	ds, <u>enter the name o</u>	f the new registered
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	N/A			
Name Parriament Office Address	N/A			
New Registered Office Address:		Enter Florida st	reet address	
			Florida	
	 	City	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the	er and complete istered agent as p	performance of my o provided for in Chap	luties, and I am fan ter 605, F.S. Or, if i	uiliar with and this document is

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	EVA FERNANDEZ-VILLEGAS	1942 SW 9TH ST, MIAMI FL 33135	= Add
			□ Remove
			□ Change
			□Remove
			Add
			Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□ Change

Page 2 of 3

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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
ed January 19, 2024.	