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2019 NOV 18 AM 10: 30 SECRETARY OF STATE

Amend

DEC 1 4 2019
I ALBRITTON

COVER LETTER

Điv	ision of Corp	porations						
SUBJECT:	HABANA P	HABANA PROPERTY LLC						
JOBSIC I.	_	Name of Limi	ted Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.					
Please return	all correspor	ndence concerning this matter t	o the following:					
		RAMON SANCHEZ						
			Name of Person	 -				
			Firm/Company					
			Address					
		TAMPA, FL 33614						
		DRRHS@HOTMAIL.COM	City/State and Zip Code					
		E-mail address: (t	o be used for future annual report notific	cation)				
For further is	nformation co	oncerning this matter, please ca	H:					
RAMON SA	ANCHEZ		813 423-6517					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed is a	a check for th	e following amount:						
\$25.001	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

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

HABANA PROPERTY LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>07/22/2019</u>	and assigned
lorida document number L190001888678		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
		201 SE
		SNOV
Enter new mailing address, if applicable:		ξη ³ ~ — —
Mailing address MAY BE A POST OFFICE BOX)		88 F
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	d office address on our record here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	.22
	, FI	lorida
	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 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>	<u>Address</u>	Type of Action
MGR	RAMON H SANCHEZ	4600 N HABANA AVENUE	
		SUITE 32	
		SOITE 52	Remove
		TAMPA, FL 33614	
			Change
AMBR	SANCHEZ PROPERTY LLC, A HOLDING COMPANY	4600 N HABANA AVENUE	
		SUITE 32	■ Add
			Remove
		TAMPA, FL 33614	
			□ Change
			□ Remove
			Change
		-	□ Remove
			☐ Change
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n effective da ote: If the d	e, if other thar ate is listed, the dat ate inserted in the fective date on t	e must be specific his block does r	e and cannot b not meet the	be prior to date o applicable sta	of filing or more th	opti an 90 days afte juirements, thi	r filing.) Pursuant	10 605.020 be listed as
The 90th	pecifies a dela day after the	record is fil	/e date, b ed.	ut not an e	ffective time	, at 12:01	a.m. on the	earlier o
ted //	1/09/-	20/9	; <u></u> ;	·				
	1	, La	VAKZ	, _ / _				
_		Signature i	or arthember	or authorized re	presentative of a	member		

Page 3 of 3

Filing Fee: \$25.00