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COVER LETTER

TO:	Registration Sect Division of Corp		اد وی استور س ند		
	CM LFTTLE	HAVANA, LLC	•	·	
SUBJ			ited Liability Company	-	-
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Leslie Poblete			
			Name of Person		_
		Jazayri Group			
			Firm/Company		_
		3001 W. Hallandale Beach	i Blvd #300		
			Address		_
		Pembroke Park, FL 33009			
			City/State and Zip Code	•	
		leslie@jazayrigroup.net E-mail address: (to be used for future annual repo	ort notification)	_
For fu	rther information cor	ncerning this matter, please c			
Antho	ony T. Lepore, Esq.		202 681-23 at ()	201	
	Name of I	Person		Daytime Telephone Num	ber
Enclos	sed is a check for the	following amount:			
≘ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certif (1) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Address:		Street Addre	ess:	

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

. 1. 1. - - P : 4: 61

CM LITTLE HAVANA, 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 Com	pany were filed on 8/09/20	019	and assigned
Florida document number L19000203178			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our reco	rds, <u>enter the nam</u>	e of the new registered
			
New Registered Office Address:	Enter Florida s	street address	
		P) 11	
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my it as provided for in Cha _l	duties, and I am for pter 605, F.S. Or,	amiliar with and if 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 - 20 2 7. 4:	Type of Action
AMBR	EVERARDO E. MATAMOROS	c/o Jazayri Group	= Add
		3001 W. Hallandale Beach Blvd #300	□Remove
		Pembroke Park, FL 33009	□ Change
AMBR	CONSIDECO CORP.	c/o Jazayri Group	■ Add
		3001 W. Hallandale Beach Blvd #300	□Remove
		Pembroke Park, FL 33009	☐ Change
			□Remove
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	Signature of a member or authorized representative of a member	October 15 Dated	2020				
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Filing Fee: \$25.00