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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations	, .	•	
18	72 Little Ha	Vana LLC		
SUBJECT:	Name of Lun	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ric	Cky Alietti Name of Person		
		Name of Person		
	1872	Little Harana, L	<u> </u>	
		BAY Road		
		Address		
	MiaMi	Beach FL 33140 City/State and Zip Code	<u> </u>	Qù
	Rick	City/State and Zip Code  Yaliettl@gmail  to be used for future annual report notif  all: at (35) Area Code Daytime	(UP)	<u>.</u>
For further information c	oncerning this matter, please co	all:		
Ricky	Aliett,	$\frac{1}{\text{Area Code}} = \frac{305}{\text{Code}}$	1-6626	> [1] = O
Name o	f Person	Area Code Daytune	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
M. 92 N. 1.5		Comman Addison.		
<u>Mailing Addres</u> Registration 5		<u>Street Address:</u> Registration Sec		
Division of C	-	Division of Corp	-	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monroe	allanassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1872 Little	Hava na	LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia					
The Articles of Organization for this Limited Liability Company w		06/23/		_ and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "LLC" o	or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:			<del></del>		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	<del></del>	<del></del>		
			<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
printing marress with 22 in					
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our r	ecor <b>d</b> s, <u>enter tl</u>	ne name o	<u>of the ne</u>	w registere
Name of New Registered Agent:				is the	<u>(b)</u>
New Registered Office Address:		<u></u>		: 	••
New Registered Office Palaress.	Enter Flor	rida street address		-5 I	
<del></del>	City	, Flor	rida	Zip Code	<del>:                                    </del>
New Registered Agent's Signature, if changing Registered Agent;			1: 21		J
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of rovided for in C	'my duties, and Chapter 605, F	t Lam far S. Or, if	nitiar wi this doc	ith ana :ument is

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>	Name	Address	Type of Action
MGR	Patricia H Blance	MigMi Bugch FL 33140	🔀 Add
		MigMi Buach FL 33140	□Remove
			□Change
			LIRemove
			□Change
			□Add Ø
			☐ □Remove
			□Change >
			□Remove
			Change
			TAdd
			□Remove
			Change
			□Add □Remove
			□ Change

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				> <u>&gt;</u>	
				: 24	
ective date, if other the effective date is listed, the ter. If the date inserted incument's effective date of	date must be specific at this block does not	nd cannot be prior to date meet the applicable str	of filing or more than 90 atutory filing requiren	( <b>optional)</b>   days after filing.) Pur	suant to 605.020 not be listed a
cord specifies a delayed s filed.	effective date, but no	ot an effective time, at	12:01 a.m. on the car	lier of: (b) The 90	th day after the
	,	. /			
redO_6_/_	<u>30</u> /	203			
			epresentative of a memb		<del></del>

Filing Fee: \$25.00