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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE



## **COVERÆETTER**

TO: Registration Sec Division of Corp		10
endieze.	Mia	HAVANA LLC
SUBJECT:		nited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.
Please return all correspor	ndence concerning this matter	to the following:
		Kristen Gallagher Name of Person
		Name of Person
	MIL	Firm/Company
		Firm/Company
	94825 W	Address Huy UNIT 100
		Address
	<u>vey</u>	City/State and Zip Code
	E-mail address: (	De used for future annual report notification)
For further information co	ncerning this matter, please c	all:
4-RISTEN	GAILAGHER	at (31Z) 608 - ZO16  Area Code Daytime Telephone Number
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:
Registration Se Division of Co		Registration Section
P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wing: the limited liah	were filed on 03/30/2020  bility company here:  dity Company," the designate			d assigne
the limited liah	ility Company," the designat	ion "LLC" or the	e abbreviatio	
ords "Limited Liabi	ility Company," the designat	ion "LLC" or the	e abbreviatio	
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				n "L.L.C."
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		)37	ZZ.	<del></del>
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94825 OVERS				
	Enter Florida stre	ret address		
KEY LARGO		Florida _	33037	
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## 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>	Address	Type of Action
MGR	KRISTEN S. GALLAGHER	94825 OVERSEAS HIGHWAY UNIT 100	□Add
		KEY LARGO, FL 33037	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
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	Si Kristen S. Gallaghi		orized representative	of a member		

Filing Fee: \$25.00