L23000338112

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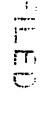
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COVER LETTER

Registration Section

TO:

Division of Corp	orations		·
SUBJECT: Ba	Havana Rer Name of Limi	nta 5 LLC ted Liability Company	
	mendment and fee(s) are sub-		
,	_		
	Giou	any Mena Name of Person	
	Bay H	avana Runtals Firm/Company	LLC
	4824	EL Capistrano D	<u>rive</u>
	Tamp	City/State and Zip Code	
	E-mail address: (1	0518@ 9mail . (ov	ification)
For further information co	ncerning this matter, please ca	ıll:	
		at (<u>813</u>) <u>770</u> Area Code Daytin	D - 966 (ne Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 Registration Se Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Tallahassee, F	L 32314	Z410 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	mtab LLC				
(Name of the Limited Liability Comp. (A Florida Limited	<u>any as it now appear</u> Liability Company)	s on ou <u>r records.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>[23000338112</u>	/ were filed on	07-17-23	ar	ıd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the d	esignation "LLC" or the	abbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:			TAE SE	2023	
(Principal office address MUST BE A STREET ADDRESS)			Ciril AF	AUG	
			ASS.		\$
			E C	PM 12	17
Enter new mailing address, if applicable:				••	
(Mailing address MAY BE A POST OFFICE BOX)			<u>- इ.स.</u>	Ç	
				- _	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the na</u>	<u>me of th</u>	ie new i	registerec
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Cin	, Florida _		Code	
New Registered Agent's Signature, if changing Registered Agent	City		zφ	Coae	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this of performance of provided for in C	my duties, and I an Thapter 605, F.S. O	ı familic r, if this	ar with docum	and ient 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
MGR	Giovany Mena	4824 EL CAPISTRANO Dr	
		Fampa F1 33634	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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±.e			□Add
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		, 	□Remove
			☐ Change

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		EC:	23 A
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		=======================================	 2 —
		 	
		·	
an effective date, if other than the date of filing: 154 2 an effective date is listed, the date must be specific and cannot be prior to date of fil fote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	02-3 (opt ing or more than 90 days after ory filing requirements, the	ional) er filing.) Pursuant iis date will not	i to 605.0207 be listed as
record specifies a delayed effective date, but not an effective time, at 12:0 lis filed.	II a.m. on the earlier of: (b) The 90th da	iy after the
ated August 1st , 2023. Choung Mena Signature of a member or authorized repres			
<u> </u>			