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COVER LETTER

то:	Registration Se Division of Cor				
cum i	ace.	l.	JON T L.L.C.		
SORM	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Peter M. Lopez, Esq.			
			Name of Person		
		Peter M. Lopez, P.A.			
			Firm/Company		
		1911 NW 150th Ave. #201			
			Address		
		Pembroke Pines, FL 33028	3		
			City/State and Zip Code		
		pmlopezpa@yahoo.com	to be used for future annual	Leanure putition	(ina)
For fur	ther information c	concerning this matter, please c		report textuca	aion)
Peter N	M. Lopez, Esq.		954 43 at ()	86-6111	
	Name o	of Person	Area Code	Daytime T	elephone Number
Enclos	ed is a check for the	he following amount:			
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street A		0.00
	Registration : Division of C		_	ration Section on of Corpo	
	P.O. Roy 632			entre of Tal	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ON'T L.L.C.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appearated Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	July 9, 2024	and assigned
lorida document number <u>L24000306149</u> .			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company ho	ere:	
HAVALES HARBOUR LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		20
			21
	-		=
nter new mailing address, if applicable:			, <u></u>
Mailing address MAY BE A POST OFFICE BOX)		-	<u> </u>
numing duaress may be ATOST OFFICE BOX			က်
			10
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our r	ecords, <u>enter the na</u>	ume of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		Florida	
	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 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
			□Add
			□Remove
		-	Change
			□Add
			Remove
			□Change
•			□Add
			□Remove
			□ Change
			□Remove
		 -	□ Change
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			□Remove
			□ Change

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Signature of Amember or authorized representative of a member	Peter M. Lopez		
	Peter M. Lopez		Signature of Amember or authorized representative of a member
	\cdot /		

Filing Fee: \$25.00