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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Special Instructions to Filing Officer.

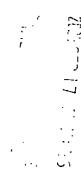
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COVER LETTER

TO: Registration So Division of Cor					
Havana 17	39 LLC	•			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mutted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alejandra Botero				
		Name of Person			
	Havana 1739 LLC				
		Firm/Company			
	1739 SW 4th Street				
	<u> </u>	Address			
	Miami, FL 33135				
	<u></u>	City/State and Zip Code			
	alejandra@ao-bw.com	to be used for future annual report notifica			
Con South on in Comment on the	remail address. (·	uton)		
	oncerning this matter, picase c				
Alejandra Botero		786 712-3881	elephone Number		
Name o	of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for the	he following amount:		7		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration 1 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corpo The Centre of Tal	rations Iahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Liability Company) were filed on 07/23/2024	nnd assigned
were filed on 07/23/2024	and assigned
	and assigned
ility company here:	
lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
	
address on our records, <u>enter the n</u>	name of the new registo
0 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Enter Florida street daaress	
Florida City	Zip Code
<u>:</u>	" :
	ility company here: lity Company," the designation "LLC" or the address on our records, enter the address Enter Florida street address

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
MGR	Alejandra Botero	1739 SW 4TH STREET	= Add
		Miami, FL 33135	□Remove
			Change
			□Add
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reffective date is listed, (the date must be specifi	ic and cannot be p	rior to date of fi	ling or more tha	in 90 days after f	iling.) Pursua	int to 605.020
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