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(Requestor's Name)				
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☐ PICK-UP ☐ WAIT ☐ MAIL				
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(Business Entity Name)				
(Document Number)				
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R. HUNT 64/21/23

COVER LETTER

TO: Registration Section Division of Corpora		i co achtina a	entity)
SUBJECT: KAI	Name of Limi	reinstating e <u>Name not avo</u>	cilable)
The enclosed Articles of Ame	ndment and fee(s) are subr	mitted for filing.	
Please return all corresponden	ce concerning this matter t	to the following:	
	MARILY	IN RIVERA	
_		Name of Person	
			5025
-		Firm/Company	2023 FER 21
_		CKenny Ave	<u> </u>
_	Delt	ona, FL 32	125
7		City/State and Zip Code ra 40520 g ma to be used for future annual report notifi	
For further information conce			
MARLYN Name of Pers	RWERA	at (321)501 Area CodeDaytime	- 4052 Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 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 Sect Division of Corp		Street Address: Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALONILIC

AUNI	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L\700027.5</u>	ny were filed on 62 03 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia KALON DE AU The new name must be distinguishable and contain the words "Limited Lia	MY SUITES LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TIO POND CT EDEBARY, FL 32-713
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ====================================
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: N A	Enter Florida street address
	City . Florida N 1 - 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 Changing Registered Agent, Signature of New Registered Agent

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	 _
effective date, if other than the date of filing: ADTI 18 20 effective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	optional) 90 days after filing.) Pursuant to 605. rements, this date will not be liste
ecord specifies a delayed effective date, but not an effective time, a se 90th day after the record is filed.	at 12:01 a.m. on the earlie
a April 18, 2023.	
$\frac{h}{h}$	
THAMA	

Page 3 of 3

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
NA	NA	N/A	□Add
1			□Remove
			☐ Change
			□Add
			□Remove
			Change □ Change □ Add
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