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T. MATTHEWS MAR - 8 2022

## **COVER LETTER**

TO:

	on Section f Corporations				
	ANDO HOSPITALITY	VENTURE, LLC			
SUBJECT:		Name of Limited Liability C	ompany		<del>.</del>
The enclosed Articl	es of Amendment and fo	cc(s) are submitted for fili	ng.		
Please return all co	respondence concerning	this matter to the following	ng:		
	OSCAR J. VII	_A			
	<u></u>	Name o	f Person		
	VILA, PADRO	ON & DIAZ, P.A.			
		Firm/C	ompany		
	201 ALHAME	BRA CIRCLE, SUITE 702	2		
	<del></del>	Add	ress		<del></del>
	CORAL GAB	LES, FLORIDA 33134			
		City/State a	nd Zip Code		
	abestard@vpdla				. <u></u>
		nail address: (to be used for f	uture annuar	report notification)	
For further informa	tion concerning this mat	ter, piease can:			
ANNETTE BESTA	ARD	30 at (		-4888	
N	ame of Person	Arc	a Code	Daytime Teleph	ione Number
Enclosed is a check	for the following amou	nt:			
<b>■</b> \$25.00 Filing F	fee ☐ \$30.00 Filin Certificate	of Status Certifi	Filing Fee & ed Copy nal copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registrat	ddress: tion Section		Street Ad Registra	Idress:	
Division	of Corporations		Division	n of Corporation	
P.O. Box	k 6327 see, FL 32314			itre of Tallaha . Monroe Stree	
rananas:	300,143214		-11214		.,

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 PM - 1 PM 12: 05

ORLANDO HOSPITALITY VENTURE, I		
(Name of the Limited Liab (A Plori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L19000028986		9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address <u>here</u>		enter the name of the new registe
agent and/of the new registered office address neve	•	
Name of New Registered Agent:		1.4
New Registered Office Address:	Enter Florida stree	t address
<del></del>	City	, Florida 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

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	ISMAEL CASILLAS RIVERA	1500 N THACKER AVENUE	<b>∃</b> Add
		KISSIMMEE, FLORIDA 34741	□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo becoment's effective date on the Department.	ck does not meet the	applicable statutor	ng or more than 90 days y filing requirement	optional) safter filing.) Pursuant to s, this date will not be	605.0207 et listed as
record specifies a delayed effective Lis filed.	date, but not an effe	ctive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day	after the
	2022				
ated FEBRUARY 28	· —				
ated	Signature of a member	or authorized represe	ntative of a member		_

Filing Fee: \$25.00