

W20 000205786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

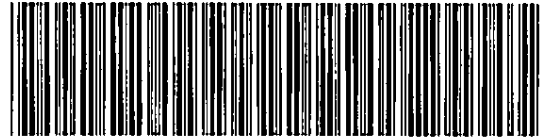
(Business Entity Name)

(Document Number)

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TO: **Registration Section
Division of Corporations**

SUBJECT: The Whole Year Inn Holding, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Chaby
Name of Person

ARCPE, LLC
Firm/Company

1900 Sunset Harbour Drive, Annex - 2nd Floor
Address

Miami Beach, FL 33139
City/State and Zip Code

schaby@arcpe.com
E-mail address: (to be used for future annual report notification)

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FILED

For further information concerning this matter, please call:

Steven Chaby at (786) 303-5006
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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**

The Whole Year Inn Holding, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/22/2020 and assigned Florida document number L20000205786.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: STEVEN CHABY

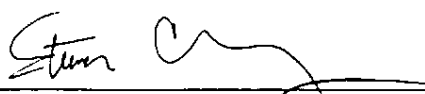
New Registered Office Address: 1900 SUNSET HARBOUR DRIVE, ANNEX 2ND Floor

Enter Florida street address

Miami Beach, Florida 33139
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN CHABY	1900 SUNSET HARBOUR DR.	<input checked="" type="checkbox"/> Add
		ANNEX - 2ND FLOOR	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Change
MGR	DAVID GORDON	1900 SUNSET HARBOUR DR.	<input type="checkbox"/> Add
		ANNEX - 2ND FLOOR	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Change
MGR	JOHN OLSEN	1900 SUNSET HARBOUR DR.	<input type="checkbox"/> Add
		ANNEX - 2ND FLOOR	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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