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COVER LETTER

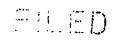
TO:

Registration Section Division of Corporations

CHD IP CTT.	AIRBNB F	IAUS LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		EMILY K VU				
			Name of Person			
		AIRBNB HAUS LLC				
			Firm/Company			
		2424 Whypcort	Will Cir			
			Address			
		SARASOTA, FL 34231				
			City/State and Zip Code			
		EMILYKVU@GMAIL.CC				
		E-mail address: (to be used for future annual report notification)			
For further in	oformation c	oncerning this matter, please c	all:			
EMILY K V	'U		941 928-0368			
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &		
	ling Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O). Box 632	7	The Centre of Tallahassee			
Tal	lahassee, I	² L 32314	2415 N. Monroe Street, Suite 81	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUL 15 PH 5: 05

AIRBNB HAUS 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 AUGUST 9, 2021 and assigned Florida document number L21000356485 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 "LLC." 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: New Registered Office Address: Enter Florida street address ____. Florida ___

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.

City

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

171 (714	i.imii.ee.	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EMILY K VU	2424 WHIPPOORWILL CIR	Adđ
		SARASOT, FL 34231	□Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not me	eet the applicable	e of filing or more than statutory filing requi	(optional) 190 days after filing.) Pur- rements, this date will	suant to 605.0207 (3 not be listed as th
he record specifies a delayed effectord is filed.	ctive date, but not a	n effective time, a	at 12:01 a.m. on the	earlier of: (b) The 900	h day after the
Dated		2022			
	widhla Signatura of a me	ember or authorized	representative of a me	mber	
	2 .=. \ 2		(· -	
DAVID PHAM					

Filing Fee: \$25.00