106000093831

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COVER LETTER

TO:	Registration Sec Division of Corp							
CUBIE	вооконс	TEL, LLC						
Name of Limited Liability Company								
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspor	ndence concerning this matter	to the following:					
		MGR ADRIANA RODRI	GUEZ					
			Name of Person					
		BOOKOHOTEL, LLC						
			Firm/Company					
		1395 BRICKELL AVENU	JE STE 800					
			Address					
		MIAMI, FL 33131						
			City/State and Zip Code					
		julian.lozano@bookohotel.e						
			to be used for future annual report notifi	cation)				
For furt	her information co	oncerning this matter, please ca	ail:					
ADRIA	NA RODRIGUE	Z	305 741-8823 at ()					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclose	d is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BOOKOHOTEL, LLC						
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))				
The Articles of Organization for this Limited Liability Company Florida document numberL06000093831	y were filed on	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	pility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		≥ s ≥				
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:		ARY OF S				
(Mailing address MAY BE A POST OFFICE BOX)		TAIE 30				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	. Florida					
	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>	Address	Type of Action
CEO	MAURICIO ALEJANDRO SOTEI	1395 BRICKELL AVENUE STE 8	□ Add
			□ Remove
COO	ADRIANA RODRIGUEZ	1395 BRICKELL AVENUE STE 8	
			Remove
ASST. TF	JULIAN DAVID LOZANO HERN	1395 BRICKELL AVENUE STE 8	
			Remove
	<u> </u>		
			□ Remove
			□ Change
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Filing Fee: \$25.00