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To:

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: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BE MY GUEST HOSPITALITY LLC

Certificate of Status	0
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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE MY GUEST HOSPITALITY LLC	·
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L11000125639	ompany were filed on 11/03/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	ESS)
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:	<u></u>
Name of New Registered Agent:	22 T
New Registered Office Address:	in the second of
	Enter Florida stree! address CO N
	City TZip 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 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	MASDEU, SANTIAGO	5704 NE 4TH AVENUE	□Add
		MIAMI, FL 33137	
			≣Change
DIR	MASDEU, CAMILA	5704 NE 4TH AVENUE	
		IAMI, FL 33137	□Remove
			■Change
			□ Петюче
			□Add
			□ Remove
			Change
			□Add
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in thi neument's effective date on the record specifies a delayed effective date.	e Department o	of State's records	:.	ng requirements	, this date will not	be listed a
May 29		2024				
ited		-·				
ited		CAMILA I	MASDEU orized representative			

Filing Fee: \$25.00