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### COVER LETTER

	Registration Se Division of Cor				
SUBJEC	т:	Holistic Ho	TEL LLC ed Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		SARAH B	1019hann	SARAH	BOUGHANMI
			Name of Person		
		BMS REAL	ESTATE	LLC	
		12000 US	Highwar	19	
	•		Address		
		Hudson, FL	- 34667		
		C	City/State and Zip Code		arnhhauahanmi
		SARAHBOUGHA E-mail address: (to	be used for future annual	report notification)	arahboughanmi Tgmail.com
For furthe	er information of	oncerning this matter, please ca			<del>-</del> 5
_		13 NAN NI f Person		207, 2126 e & Daytime Telephone No	22
Enclosed	is a check for th	ne following amount:			O Filing Fees 5.
\$25.00	) Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy	is enclosed) Cer	of Filing Fee tificate of Status & tificate Orby.

#### 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 TO ARTICLES OF ORGANIZATION OF

Holistic Hotel LLC. **OF** HOLISTIC HOTEL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L120@138530 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 end with 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: New Registered Office Address: Enter Florida street address Florida Citv

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>		Address	Type o	of Action
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			GATINEAU QUEBEC	_ Þ	Remove
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