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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co.	rporations		
SUBJECT:	tel FP LLC	mited Liability Company	
	Name of the	mice randiny Company	
The englosed Articles of	Amendment and fee(s) are su	havittad for filing	
		_	
Please return all correspo	ondence concerning this matte	r to the following:	
	Jeremiah	Baron Name of Person	
	Jeremiah 1	Barn & Co. Com Firm/Company	mercial Real Estate
	49 SW Fla	gler Ave. Suit	361_
	Stuart Iberon (Florida 349 City/State and Zip Code Commercial realestat (to be used for future annual report notifi	tell (. (om
For further information co	oncerning this matter, please c		
Jeremiah Name of	Baron	at (<u>772</u>) <u>786 -</u> Area Code Daytime	5744 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motel FP	LLC
(Name of the Limit)	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number 1500000	ability Company were filed on
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	tble:
(Principal office address MUST BE A STREET	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> in the contract of the new registered is here:
Name of New Registered Agent:	Jereniah Baron
New Registered Office Address:	49 SW Flagler Ave. Srit 321 Enter Florida street address
	Jereniah Baron 49 SW Flagler Ave. Svit 381 Enterflorida street address Stuart City Florida 34994 Zip Code
New Registered Agent's Signature if changing Re	

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 Charging 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
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		Stuart, Flinda 34991	4_ ERemove
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