LISCANTILLET

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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| TO: | Registration Se Division of Cor | | | |
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| | | HLE, L.L.C | | |
| SUBJI | ECT: | Name of Lam | nted Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Kelly J. Montoya | | |
| | | | Name of Person | |
| | | Stay Awhile, L.L.C. | | |
| | | | Firm/Company | |
| | | 1717 N. Bayshore Drive, S | Suite 1156 | |
| | | | Address | |
| | | Miami, FL 33132 | | |
| | | kelly@stay.world | City/State and Zip Code | |
| | | E-nuil address. (| to be used for future annual report notifi | cation) |
| For fur | ther information c | oncerning this matter, please co | all; | |
| Kelly. | J. Montoya | | | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| \$2. | 5.00 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 TO ARTICLES OF ORGANIZATION OF

STAY AWHILE L.L.C

| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
|---|--|-----------------------------|
| The Articles of Organization for this Limited Liab Florida document number 1.15000077667 | | and assigned |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and contain the word | ls "Limited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET) | (IDDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 2.X) | 33. |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address on our records, <u>e</u> address here: | T = 17 |
| Name of New Registered Agent: | | Sia: LORIUM |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | City , Flori | da |

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> | <u>Address</u> | Type of Action |
|--------------|------------------|-----------------------|--|
| VP | THEODORE J. SABO | 1717 N BAYSHORE DRIVE | D Add |
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| fective : | date, if othe | r than the : | date of filit | 8411 | 9, 2017 | | | 1 | optional | h | | |
| ar cilectry | ve date is listed. | the date musi | be specific an | id cannot be | pror to data | of filing or | oros dra | 1-8) days | after films | go Parsuant | 10-1665 | 19 <u>2</u> 9 |
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