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COVER LETTER

Division of Corporations
SUBJECT: DIAYA SIESTA INVESTMENTS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing/ Please return all correspondence concerning this matter to the following:
Verenian 5 mily N' ne of Person
Playa Siesta INVESTMENTS LLC Firm/Company
S317 Creekside Trail Address
Sararata FL 34243 v/State and Zip Code Jereniah (D) Playa 5: 15ta, Can E-mail addre (to be us-1 for future annual report notitication)
E-mail addre (fo be used for future annual report notification)
For further information concerning this matter, plc : call:
Jerewah Sn.74 at (270) 361-2656 Name of Person Ar™ Tode Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fe & S55.00 Filing Fe & Certificate of this Certified Copy (additional copy is enc. 3d) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COUL "R ADDRESS:

Registration Sectic Division of Corpora — is Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYA SIESTA INVESTMENS L	LC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Com	npany) 3-28-2016	
	<u> </u>	
The Articles of Organization for this Limited Liability Company were filed	on <u>977-2-019</u> and assig	ned
Florida document number <u>L 16000 62468</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
Playa Siesta Investments LLC		
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)		
	OCT	217
Enter new mailing address, if applicable:	72	av () () 24a (39a - 13a - 13a
Mailing address MAY BE A POST OFFICE BOX)		
	20	-3.55
3. If amending the registered agent and/or registered office addr	ess on our records, enter the name of	the n
egistered agent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	nter Florida strvet 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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			
			□ Remove
	•		Change
<u> </u>			
			□ Remove
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Change

E Effor	ing data if athough an the data of filing.
Note:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	10-9, 2019
	Signature of a member or authorized representative of a member
	Jerenal Sring Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00