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COVER LETTER

TO: Registration Sc Division of Cor				
Prestige M	otel Consultants, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rafael Vazquez			
		Name of Person		
	Prestige Motel Consultant	s, LLC		m.)
Firm/Company				, 100 100 100 100 100 100 100 100 100 100
		Address		
	Hialeah, FL 33010			
	rafactvasquez_1@hotmail.c	City/State and Zip Code		2022 JIN 24 PH 1: 45
	E-mail address; (to be used for future annual report notifi	cation)	
For further information e	oncerning this matter, please c	all:		
Rafael Vazquez Rodrigu	ez	786 270-6605		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	tion	
Division of C	orporations	Division of Corp The Centre of Ta	orations	
P.O. Box 632	. <i>I</i>	The Centre of Ta	manassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTIGE MOTEL CONSULTANTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 04/12/2016	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Prestige Motel Management LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□ Remove
			□Change
			Remove
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n effective da	ite is listed, the date ate inserted in thi	must be specific and is block does not n to Department of S	cannot be prior to seet the applicab	date of filing or m le statutory filin	ore than 90 days a	ifter filing.) Pursua	nt to 605.0207 t be listed as
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cument's ef	ies a delayed effe	ective date, but not					
cument's ef ccord specif is filed.	ies a delayed effe Miami		1/21/2022				
cument's ef			7-7		of a months		

Filing Fee: \$25.00