L17000151464

	(Requestor's Name)
•	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer.





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ALLANASSEE, FLORIDA

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S. WARREN 0CT 2 3 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Orlando Stay Inn, I	LLC				
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			-		
				Art of Inc. File	1
		· —	<u> </u>	LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art, of Amend, File	,
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	1
				Certificate of Good Standing	_
				Certificate of Status	
				Certificate of Fictitious Name	_
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature			-	Fictitious Owner Search	1
				Vehicle Search	
			_	Driving Record	
Requested by: Seth	10/20/17			UCC 1 or 3 File	,
Name	Date	Time		UCC 11 Search	İ
				UCC 11 Retrieval	ļ
Walk-In	Will Pick Up) <u></u>		Courier	

COVER LETTER

Division of Co.	rporations		
ORLANDO SUBJECT:	O STAY INN, LLC		
<u> </u>	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID LOPEZ, ESQ		
		Name of Person	
	RODON LAW, PLLC		
		Firm/Company	
	201 ALHAMBRA CIRCL	E, SUITE 504	
		Address	
	CORAL GABLES, FL 331	134	
		City/State and Zip Code	
	DLOPEZ@SRALAW.COM		
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
DAVID LOPEZ		305 445-8881	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 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:

TO:

Registration Section

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

ORLANDO STAY INN, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L17000151464		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	iline Commany " the James"	(II) (III)
		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4507 SEQUEL ROAD	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34746	
Enter new mailing address, if applicable:	4507 SEQUEL ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34746	
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street d	address
		_, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. If Chan	performance of my dutie provided for in Chapter 6	is, and I am familiar with and 505, F.S. Or, if this document is m that the limited liability
Page 1	of 3	

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

Title	Name	Address	Type of Action
MGR	JUAN MANUEL BRIONES	201 ALHAMBRA CIRCLE, #504	
		CORAL GABLES, FL 33134	■ Remove
			☐ Change
			□ Rетюче
		· .	Change
			
			Remove
			Change
<u> </u>			Add
			□ Remove
			Change
			Add
			Remove
		,	Change
			Add 20 ye Remove 10 STEP Chainse

	n, enter change(s) here: (Attach additional shee	, -,, -,
		
		-
ective date, if other than the da	te of flling:	(optional)
effective date is listed, the date must be	specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requires	0 days after filing.) Pursuant to 605.0207
ument's effective date on the Depar	tment of State's records.	
record specifies a delayed ef he 90th day after the record	fective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of
ed OCOTBER 20	2017	
Sign	nature of a member or authorized representative of a member	ber 8
DAVID LOPEZ, ESQ		FIL T20 MSSI MSSI
	Typed or printed name of signee	
	-	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Page 3 of 3	9: 10 STATE LORID:

Filing Fee: \$25.00