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Special Instructions to F	ilina Officer:	





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COVER LETTER

TO: Registration Section Division of Corporation				:	
SUBJECT:	Stay Flippi	ng LLC ed-Liebility Company			
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter to	the following:			
	Jackelyn	Aponte Caraz Name of Person	6		
		Firm/Company			
	8311 Hil	15 borogh LU Address	SECR	2022 OCT 26	
	TAMPA	F1. 33604		CT 26	e verrourse n este r d
	ا میانه د	City/State and Zip Code 1 City/State and Zip Code	om San		
-	E-mail address: (to	be used for future annual report notific	ation)	M 10: 17	- 1841 - 1841
For further information conc	erning this matter, please call			2	
Jackelyn A	ponte Caraz	at (813) 516-00 Area Code Daytime T	941 Telephone Number	_	
Enclosed is a check for the f	ollowing 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 For Certificate of Societified Copy (additional copy is	itatus &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clay Il'a siac 11 A

(Name of the Limite	ed Linbility Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Li Florida document number 1700201		n 9/28/2017	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability compar	ny here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	SECRET/RY CF 5	2022 OCT 26 AH C
B. If amending the registered agent and/or reagent and/or the new registered office addres		our records, enter the nam	e of the new registered
Name of New Registered Agent:	Jackelyn	Aponte Caro	170
New Registered Office Address:	8311 Hillsborod	TFlorida street address	
	<u>Tampa</u>	, FloridaF	7. 33604 Zip Code
Name Danistana di Amerika Cimpatura i Calemania a D	Santakaanad Amanka		

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>	Address	Type of Action
MGR	Jackelyn Aponte	8311 Hillsborogh IN TAMPA FI 33604	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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