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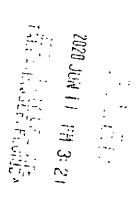
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(Requestor's Name)
(Address)
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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: Sto	ay Klean 1	LLC ived Linkility Commons	
	• Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	enitted for filing	
Please return all correspon	idence concerning this matter	to the following:	
	Khadijak	Name of Person	
	J	Name of rerson	202 T.:
			2020 JUH 1
		Firm/Company	32:
	4439 Tai	roon Dr	
		Address	
	Tampa,	P1 33617	PH 3: 21
	Efreeney	City/State and Zip Code 20@amail_Col	γ
For further information co	ncerning this matter, please c	to be used for future annual report notificational:	· · · · · · · · · · · · · · · · · · ·
1/1 1- 1-	Canada	4.2	7 7 A
maajan	treeney	at (<u>813) 970-28</u>	<u>ه ا د</u>
\ \ Name of	Person	Area Code Daytime Tele	ephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Address		Street Address:	•
Registration S		Registration Section	ı
Division of Co	orporations	Division of Corpora	
P.O. Box 6327		The Centre of Talla	
Tallahassee, F	L 32314	2415 N. Monroe Sti Tallahassee, FL 323	
		rananassee, FL 323	CO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Stay (Jean 11 C				
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appo Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company lorida document number 18001186		. 1	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab			<u> </u>	
he new same must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or t	he abbreviation "L —	.L.C."
Enter new principal offices address, if applicable:			<u> </u>	.~
Principal office address MUST BE A STREET ADDRESS)		. <u>-</u>		
			11.7	
Enter new mailing address, if applicable:			3. 2. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Mailing address MAY BE A POST OFFICE BOX			·	
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 </u>	name of the ne	w registe
Name of New Registered Agent:				
New Registered Office Address:	Enter F	ilorida street address		
New Registered Agent's Signature, if changing Registered Agent:	City	, Florida	Zip Code	<u> </u>

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:

٠.,

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□Add
			□Remove
			□Change
			—————————————————————————————————————
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Filing Fee: \$25.00