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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deka Hapitality 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:	
Miroslav Dimoski Name of Person	
DEKA Hospitality LLC	
Functingany	
145 SW 8th Street UNIT 1004	
MIAMI F1 33130 City/State and Zip Code	
miroslav. dimoski @hotmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MIROSCAV DIMOSKI at (786) 393 1454 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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**

ARTICLES OF A	MENDMENT	
ТО	0/20 //	_
ARTICLES OF OR	RGANIZATION 💮 🔆 🎊 🍾	
OF	`	V
DEKA HOSDITALTY (Name of the Limited Liability Company (A Florida Limited Liab	MENDMENT RGANIZATION LLC (as it now appears on our records.) (billity Company)	9 ₃
The Articles of Organization for this Limited Liability Company we Florida document number	were filed on $\frac{08/06/2018}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		_
-		_
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
-		_
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the	<u>new</u>
Name of New Registered Agent:		_
New Registered Office Address:		_
	Enter Florida street 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 = Manager AMBR = Authorized Member <u>Address</u> Type of Action Title Name 6483 BALLUS BIAKDEN CÎ MGR FIRENCE YALLINDAS _**Z** Remove □ Change MGR Dariela Conina 145 SW 8th Street DAdd Miami F1 33130 ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

___ Change

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 02/13/2019
Signature of a member or authorized representative of a member
MIROSCAV DIMOSICI Typed or printed name of signee

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Filing Fee: \$25.00