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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED STAYS ORLANDO LLC

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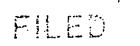
Corporate Filing Menu

Help OCT 2 2 2018

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 C_{i} :

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STAYS ORLANDO LLC		2019 OCT 21 P 3 59
(Name of the Limito	d Liability Company as it now appears on o A Florida Limited Liability Company)	er recorde) (ALLAHAĞSEE, FLORIĞA
The Articles of Organization for this Limited Li	ability Company were filed on NOVEM	IBER 14, 2018 and assigned
Florida document number L18000263549	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or the new registered of		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	<u> </u>	, 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>Title</u>	Name	Address	Type of Action
MGR LEONARDO FERRAZ I	LEONARDO FERRAZ DA SILVA BRASIL	2330 PONCE DE LEON BLVD	
	· · · · · · · · · · · · · · · · · · ·	CORAL GABLES, FL 33134	
			Remove
			Change
MGR	PEDRO DE SOUTO JUNIOR	2330 PONCE DE LEON BLVD	
		CORAL GABLES, FL 33134	
		CORAL GABLES, LE 33134	■ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			🗀 Add
		□ Кетоус	
			Change
			Add
			□ Rетоve
			Change

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11 amending any oth	er information, enter change(s) bere: (Attach additional sheets, if necessary.)
• • • • • • • • • • • • • • • • • • • •	
 	
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Note: if the date insert	er than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and in this block does not need the applicable statutory filing requirements, this date will not be listed as that on the Department of State's records.
ne record specifies The 90th day aft	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: er the record is filed.
Dated October 11	, 2019
	Signature of a member or authorized representative of a member
1 5001 - 50	
LEUNARD	O FERRAZ DA SILVA BRASIL Typed or printed name of signee

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