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(Re	equestor's Name)	
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		MAIL
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(Da	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<u>.</u>
	Office Use Onl	у



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### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

LUXE HOSPITALITY GROUP. 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:

LILY CALDERON

Name of Person

SHOMAR ACCOUNTING, PA

Firm/Company

7777 NW 146TH ST

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

LILY@SHOMARACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 LILY CALDERON
 at (\_\_\_\_\_)

 Name of Person
 Area Code

 Daytime Telephone Number

Enclosed is a check for the 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 radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXE HOSPITALITY GROUP, LLC

### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Or	ganization for this	Limited Liability Compar	ny were filed on	and assigned
	1.1900001			

Florida document number \_\_\_\_\_\_

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

SS HOTEL MANAGEMENT, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	20 20 20		
(Principal office address MUST BE A STREET ADDRESS)			
	<b> 1</b> , ₀_		
Enter new mailing address, if applicable:	H <sub>2</sub> D		
(Mailing address MAY BE A POST OFFICE BOX)			
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## B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		<u> </u>	🗆 Add
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### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

JANUARY 21st Dated	2020	
	Signature of a member or authorized representative of a member	-
	Shadi Shonjar	
	Typed or printed name of signee	_