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(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		ited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YVES MAIA Name of Person TAX LINKS CONSULTANTS LLC Firm/Company 7751 KINGSPOINTE PKWY STE 126 Address ORLANDO, FL 32819 City/State and Zip Code YMAIA@TAXLINKSCONSULTANTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YVES MAIA Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} & \text{S30.00 Filing Fee & Certified Copy tadditional copy is enclosed)} & \text{Certified Copy tadditional copy is enclosed)} \text{Certified Copy tadditional copy is enclosed)} \text{Certified Copy tadditional copy is enclosed)}				
Please return all corresp	ondence concerning this matter	to the following:		
	YVES MAIA			
		Name of Person		
	TAX LINKS CONSULTA	ANTS LLC		
	-	Firm/Company		
	7751 KINGSPOINTE PK	WY STE 126		
•		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	YMAIA@TAXLINKSCO	NSULTANTS.COM		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
YVES MAIA				
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre		Street Address:	ction	
Registration Division of	Section Corporations	Registration Se Division of Co		
P.O. Box 63	27	The Centre of T	l'allahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TB2 RENTAL LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Flo	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/28/2019	and assigned
Florida document number L19000058119	·	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
GREEN HEART HOSPITALITY GROUP LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LEC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
		202
		20 Z
Enter new mailing address, if applicable:		i de
(Mailing address MAY BE A POST OFFICE BOX)		
		The state of the s
		20.
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florid:	3
	, Fiorius	XZip Code

Thereby 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			A SA CONTRACTOR OF A SA CONTRACT
			Z Z Z Z Add
			Remove
			Change
			□Add
			□Remove
			□Remove
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ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of to block does not meet the applicable status of Department of State's records.	(optional) filing or more than 90 days after filing.) Pure story filing requirements, this date will	suant to 605.0 not be listed
record specifies a delayed effect is filed.	ctive date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90	th day after t
ated	2020		
ated APRIL 20TH	2020 Classification of a member of authorized reprinciple.		