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COVER LETTER

Division of Corporations
SUBJECT: LODGING IN FLORIDA 3 LLC Name of Limited Liability Company
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
ALEJANDRO GERSHANIK Name of Person
Name of Person
LODGING IN FLORIDA 3 LLL Firm/Company
Firm/Company
9595 COLLINS ME \$1101
Address
NRFSDE FL 33154 City/State and Zip Code
ALEGERSHANIK OGMIL. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEJANDRO GERSHANIK at (305) 572 - 3646 Name of Person Area Code Daytime Telephone Number
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, \$\Bigcup \$Certificate of Status & \$\Bi

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

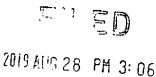
TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		u j:
LOOGING IN FLORIC	Office Company as it now appears on our records.) inda Limited Liability Company)	
(Name of the Limited Liah	pility Company as it now appears on our records.)	- 1
The Articles of Organization for this Limited Liability Florida document number <u>190009274</u>	Company were filed on <u>04/03/19</u> and assigned <u>5</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	_
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	gistered office address on our records, enter the name of th	e new
registered agent and/or the new registered office ac	<u>ddress here</u> :	
Name of New Registered Agent:		
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 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
adea.	DECEMBER OF THE PORT OF THE PO		□ Add
			□ Remove
			Change
MGR	DAVIDMARK GERSHANIK	526 DAROGO AVE	0 Add
		GRMGARIES, FL (33146)	□ Remove
		-	Change
			Remove
			Change
	 		
			🗆 Remove
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an ett lote:	ve date, if other than the date of filing:
e rec The	ford specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of 90th day after the record is filed.
ated .	8th of AUGUST . 2019
	Signature of a member or authorized representative of a member
	Signature of a member of administrative of a member