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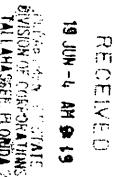
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## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJE	CCT: Stay Awhile  Name of Limited L	TLH LLC iability Company	
The end	closed Articles of Amendment and fee(s) are submitte	d for filing.	
Please 1	return all correspondence concerning this matter to the	e following:	
	Hephzib	Name of Person	2019 JUN -4
		Firm/Company	
	409 Peck.	ns St.	AM 9: 33
	Tallaha Gir	SYLL, FL 32301  19/State and Zip Code  Lovett & gmail. corr  used for future annual report potification)	32
	E-mail address: (to be	used for future annual report potification)	1
For furt	ther information concerning this matter, please call:		
He	phubah Luvett Name of Person	at (BSU) 321-287 Le Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:		
<b>ઇ \$</b> 25	5.00 Filing Fee \( \sum \) S30.00 Filing Fee \( \& \sum \) Certificate of Status	1 \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/15/19 L14000131541 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: 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: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

**Type of Action** Title Hephribah Lovett 409 Perkins St Tree. Fr 37301 ☐ Remove MOR Royce Livelt 409 Pereins St. DAdd Remove \_□ Change AR Jennifer Taylor 4/301 Louvinia DR. Tall. F2 32301 Dremo ☐ Change Remove ☐ Remove \_ Change \_□ Add ☐ Remove ☐ Change

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Effective date, if other than f an effective date is listed, the dat Note: If the date inserted in the document's effective date on t	te must be specific and co his block does not me	annot be prior to date o et the applicable stat	f filing or more than 90 utory filing requiren	(optional) days after filing.) Pursua nents, this date will no	ant to 605.0207 of be listed as
e record specifies a del		te, but not an ef	fective time, at	12:01 a.m. on th	e earlier of
The 90th day after the					
The 90th day after the	19	ember or authorized re			

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Filing Fee: \$25.00