## L20000111776

(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

UPPERCLA SUBJECT:	ASS SUITES USA LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	ANTHONY PETERS		
		Name of Person	
	UPPERCLASS SUITES U	ISA LLC	
		Firm/Company	
	6635 WEST COMMERCI	AL BLVD, STE 119	
		Address	
	TAMARAC, FL 33319		
	<del></del>	City/State and Zip Code	
For further information ec	E-mail address; ( oncerning this matter, please c	to be used for future annual report noti	fication)
ANTHONY PETERS		786 290-6975	
Name of	Person	at ()	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Co P.O. Box 632		Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPPERCLASS SUITES USA LLC

(Name of the Limited 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  $\frac{04/24/2020}{1}$ \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L20000111776 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/AName 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.

City

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	FELIX ALAO	6635 WEST COMMERCIAL BLVD	□Add
		SUITE 119	Remove
		TAMARAC, FL 33319	🗆 Change
			□Add
			□Remove
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N/A			
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tive date, if other than the d	ate of filing: 12/11/2023  specific and cannot be prior to date of filing.	(optional)	
If the date inserted in this bloc	k does not meet the applicable statuto	ng or more than 90 days after thing. ry filing requirements, this date	will not be listed
ment's effective date on the Dep	artment of State's records.		
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	2023		
	Ante	_	
<u></u>	ignature of mignber or authorized representation	entative of a member	
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Filing Fee: \$25.00