Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000278366 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: VITERI FINANACIAL CORPORATION Account Name

Account Number : I20180000091 : (786)390-6735 Phone

: (305)675-7799 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: xavier@viterifinancial.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO MOTEL LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2020-08-13 18:00:07 (GMT) (((H20000278366 3))) _ COVER LETTER

TO: Registration Section Division of Corporations

| | , , | | | |
|------------------------|-----------------|--|--|--|
| | | MOTEL LLC | | |
| SUBJECT: | | Name of Limit | ed Liability Company | · |
| | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are subm | nitted for filing. | |
| Please return | all correspor | ndence concerning this matter to | o the following: | |
| | | Rafael Vazquez | | |
| | | | Name of Person | |
| | | | Name of Person Firm Company ad Address City/State and Zip Code mail.com ss: (to be used for future annual report notification) se call: | |
| 699 E. Okeechobee Road | | | | |
| | | | Address | |
| | | Hialeah, FL 33010 | | |
| | | <u> </u> | City/State and Zip Code | |
| | | RafaelVasquez_1@houmail.c | | |
| | | E-mail address: (to | o be used for future annual report notification | ation) |
| For further i | information co | oncorning this matter, please ca | II: | |
| Rafael Vazo | quez | | 786 262-1237 at () | |
| | Name of | i Person | Area Code Daytine T | elephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| ≅ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020-08-13 18:00:07 (GMT) (((H20000278366 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ORLANDO MOTEL LLC | | <u></u> |
|---|---|---------------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our record Liability Company) | <u>(15.</u>) |
| he Articles of Organization for this Limited Liability Company | were filed on 05/19/2020 | and assigned |
| lorida document number 1.20000136269 | | |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | pility company here; | |
| fiami Motel LLC | | |
| ie new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 555 E Okeechobee Rd | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | Hinleah, FL 33010 | |
| | | <u>1670</u> |
| nter new mailing address, if applicable: | 555 E Okeechobee Rd | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | Hialeah, FL 33010 | |
| | | " |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, enter | r the name of the new registe |
| gent and/or the new registered office address here: | | 04 |
| | | |
| Name of New Registered Agent: | | |
| Nino Dani sanat (1950a Addware) | | |
| New Registered Office Address: | Emer Florida street addre | 25.5 |
| | F | lorida |
| | Cuy | Zip Code |

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.

_____ □Change

Page 5 of 6 2020-08-13 18:00:07 (GMT) 13056757799 From: Viteri Financial Corpor (((H20000278366 3)))

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 = Ma $AMBR = Au$ | anager ithorized Member | | |
|----------------------|----------------------------|--------------|----------------|
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| ecore | d 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 |
| is file | ed. |
| | August 12 2020 |
| ited [| August 12 2020 |
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| | Signature of a member or anthorized representative of a member |