L2000033454

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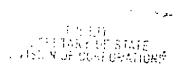
ГО:	Registration Se Division of Cor			,
·		ORT SALON SUITES, LLC		•
SUBJE	CT:	Name of Limit	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	o the following:	
		KAREN HRUSKA		
			Name of Person	<u> </u>
		NORTH PORT SALON SU	JITES, LLC	
			Firm/Company	
		17075 EDGEWATER DRI	VE	
			Address	
		PORT CHARLOTTE, FL 3	3948	
			City/State and Zip Code	
		NORTHPORTSALONSUIT	ES@GMAIL.COM	
		E-mail address: (to	o be used for future annual report	notification)
For furt	her information co	oncerning this matter, please ca	li:	
KAREN	N HRUSKA		941 456-0400 at ()	
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



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(it i lottes simile	o clasmiy company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000237154</u> .	ny were filed on AUGUST 6, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, enter the na	me of the new register
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

NORTH PORT SALON SUITES, LLC

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.

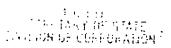
City

Enter Florida street address

, Florida

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 21 HAR 3	1 PM12: 18	Type of Action
MGR	JEFFREY HRUSKA, JR	850 W. ERIE STREET, APT. 2W		≣ Add
		CHICAGO, IL 60642-7329		□ Remove
				DChange
MGR	SARAH ZAVATZ HRUSKA	850 W. ERIE STREET, APT. 2W		= Add
		CHICAGO, IL 60642-7329		□Remove
				□Change
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		21 MAR 3	PH12: 18	
			 	
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Note: If the date inserted in this blo	be specific and cannot be prior to date of fili ck does not meet the applicable statuto:		g.) Pursuant to 605.0207 (
locument's effective date on the De	partment of State's records.			
e record specifies a delayed effective d is filed.	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) T	he 90th day after the	
MARCH 24	2021			
Dated MARCH 24 Karen A	Signature of a member or authorized represe	entative of a member		
•	явналис от а тенност от аниютием гергеза	ентанус от а піснірег		

Typed or printed name of signee