KZ1 0000 20537

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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MAR 1 5 2021 File date

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21 MAR 15 FM 2: 17

COVER LETTER

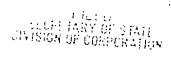
	tegistration Se Division of Cor				
CITO INC	n.	StayInn Luc	cury Properties, LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	_	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	urn all correspo	endence concerning this matter	to the following:		
			Allena L Graaf		
			Name of Person		
	N/A				
			Firm/Company		
	4603 SW 127TH TER UNIT A				
	Address				
			MIRMAR, FL 33027		
			City/State and Zip Code		
			allenagraaf@gmail.com		
		E-mail address: (to be used for future annual r	eport notification)	
For furthe	r information c	oncerning this matter, please ca	all:		
	Allena	L Graaf	305	467 - 6532	
	Name o	f Person	Area Code	Daytime Telephone Number	_
Enclosed:	is a check for th	ne following amount:			
≡ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of S	Status &
	Aniling Addres		Street Ad		
	Registration S Division of C		-	tion Section of Corporations	
	P.O. Box 632			itre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Stayinn Luxury !	•		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000020537</u>	were filed on	January 07, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			The state of the s
The new name must be distinguishable and contain the words "Limited Liabi	4603 SW 127TF	•	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33027		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4603 SW 127TI MIRAMAR, FL		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, enter the nam	e of the new registere
Name of New Registered Agent:		NA	
New Registered Office Address:	Enter Flor	ida 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 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:

| STATE OF CORPORATION
| STATE OF CORPORATION
| STATE OF CORPORATION | CORPORAT

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A,	□ A dd
			□ Remove
			□Change
			□Remove
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change

	SCORL FAR Y OF STATE UIVISION OF CURPORATION
D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.) 21 MAR 15 FA 2: 17
	
	
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to consider the specific and cannot be prior to consider the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), e statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time ecord is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated, 2021	
A11-	L Guf
Signature of a member or authorize	ed representative of a member
Allena L	Graaf
Typed or printed r	name of signee

1 1. 1. 1

Filing Fee: \$25.00