221000055959

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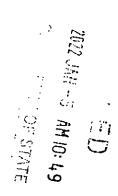
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COVER LETTER

TO: Registration Section Division of Corporations			
	G ROOM LLC		.
SUBJECT:	Name of Lin	nited Liability Company	
Please return all corre	espondence concerning this matter	to the following:	
	GARRETT WILKES		
		Name of Person	
	K&R TAX ACCOUNTIN	G SERVICES LLC	
		Firm/Company	
	2853 S. SOSSAMAN RD	STE A-101	
		Address	
	MESA, AZ., 85212		
		City/State and Zip Code	
	THE FIG ROOM LLC THE FIG ROOM LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: GARRETT WILKES Name of Person K&R TAX ACCOUNTING SERVICES LLC Firm/Company 2853 S. SOSSAMAN RD STE A-101 Address MESA. AZ., 85212 City/State and Zip Code info@krtaxes.com E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: T WILKES Name of Person 1480 392-6801 ext 114 Area Code Daytime Telephone Number		
For further informati			urication)
	-		wt 11 <i>4</i>
		at ()	
Nai	me of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy
			ection

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FIG ROOM LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000055959	were filed on 02/11/2021	and assigned		
This amendment is submitted to amend the following:				
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 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 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 diaties, and I am familiar with and				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		·-·		
(Principal office address MUST BE A STREET ADDRESS)	<u>SS)</u> 2853 S. SOSSAMAN RD., STE. A-101			
	MESA, AZ., 85212			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	2853 S. SOSSAMAN RD., STE. A-101			
	MESA, AZ., 85212			
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	2022 JAN -5 AMI		
	City	Zip-Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	,n —		
	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

• If aniending 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	Type of Action
MGR	DREI Partnership Manager LLC	2853 S. SOSSAMAN RD., STE A-101	≣Add
		MESA, AZ., 85212	□ Remove
			□Change
MGR	CARLY A. DACOSTA	1883 W. ROYAL HUNTE DR., SUITE 200A	□Add
		CEDAR CITY, UT., 84720	■Remove
			□Change
MGR	JERED D. DACOSTA	1883 W. ROYAL HUNTE DR., SUITE 200A	□ Add
		CEDAR CITY, UT., 84720	Remove
			Remove
			□Change
			□ Add
			Remove
			□Change
			🗆 Add
			□ Remove .
			□Change

. If amending any other inform	ation, enter change(s) here	e: (Attach additional she	ets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date management) If the date inserted in this bedocument's effective date on the light of the date on the light of the date.	block does not meet the applic	able statutory filing require	(optional) 00 days after filing.) Pursuant to 6 ements, this date will not be l	605.0207 (3 isted as th
he record specifies a delayed effection of is filed.	ive date, but not an effective ti	ime, at 12:01 a.m. on the ea	arlier of: (b) The 90th day a	iter the
Dated Dec 16 2021				
	Ta Dare	 T		
	Signature of a member or author	orized representative of a men	nber	
	Carly Dacosta	•		
	Tynes or print	ed name of signee		

Filing Fee: \$25.00