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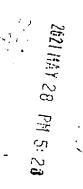
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O SIMMONS JUN 29 2021

COVER LETTER

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

TO: Registration Division of C	Section Corporations			
SUBJECT:	OUPER SUITE	S LLC ited Liability Company		er.
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Briona S.	WIIIOMS Name of Person		
	SUPER S	UITES LLC		
		Firm/Company		
	7750 OKE	echobee BIVO	d Suite	4-577
	West Paln	Beach FL City/State and Zip Code	33411	
	Contacta E-mail address: (1	Supersuites. Note to be used for future annual report not	e-t-	
For further information	n concerning this matter, please ca	all:		
Briona S.	Williams e of Person	at (56) 603 Area Code Daytir	-027Q me Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

Street Address:
Registration Section
Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPER SUITES	UC	2921 1147 28 PH 5: 28
(Name of the Limited Liability Compa (A Florida Limited I		ur records.)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2100103322}$.	were filed on 03	103/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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:	address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	1271107 2 107 1000 311	, Florida
	City	Zip Code
Now Degistered Agent's Signature if changing Registered Agent	•	

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:

MGR = Manager

AMBR = Authorized Member 2921 MAY 28 PH 5: 28 Address Title Type of Action Name 7750 OKCechobee BlVO DANG Lamonte T AMBR Williams West Palm Beach FL 3341/ OChange ____ 🗀 Add _____ □Remove _____ □Change ____ 🗆 🗀 Add ____ Change _____ □Remove _____ □Change □Add □Remove _____ □ Change

	2821 (15) 28 PK 5: 28
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ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not me	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 eet the applicable statutory filing requirements, this date will not be listed as
ument's effective date on the Department of Sta	ate's records.
cord specifies a delayed effective date, but not a s filed.	in effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed $05/20/2021$,	
Signature of a m	ember or authorized representative of a member