L21000151926

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| bA) | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only 5, C.

07/21/21



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COVER LETTER

TO:

Registration Section Division of Corporations

| subject: <u>Sen</u> a | Ca Hospita | ity Munagem ted Liability Company | ent LLC | |
|---|--|--|--|-------------|
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | | Auintanal Name of Person Holdings Corps Firm/Company | | |
| | | nd AVE, Suit | | |
| | migmi, FL Kristir E-mail address: (| 33137 City/State and Zip Code 1 e G Clout Cap. to be used for future annual report no | WM tification) | |
| For further information of | concerning this matter, please co | atl: | | |
| Kristine | Quintanal | at (780) Area Code Daytic | 3755 me Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co (additional co) | of Status & |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee. | Section Corporations 27 | Street Address: Registration S Division of Co The Centre of 2415 N. Monr | orporations |) |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seneca Hospitality Management LLC

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

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 41121 | and assigned |
|--|---|--|
| Florida document number <u>L21000151926</u> . | | |
| This amendment is submitted to amend the following: | ument number $L = 21000151926$. | |
| 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 | ity 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) | | |
| | | 7. |
| | | 22 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| The state of the s | | - : : |
| | | ピラ |
| B. If amending the registered agent and/or registered office a | address on our records, enter the na | me of the new registered |
| agent and/or the new registered office address here: | | <u> </u> |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida _ | Zıp Code |
| | City | Zıp Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, and I an provided for in Chapter 605, F.S. C | n familiar with and or, if this document is |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|-----------------------|-------------------|
| MOR | Dimitri mitropoulos | 4040 NE 2nd Ave Suite | DXAdd |
| | | miami, FL 33137 | □Remove |
| | | | □Change |
| MOR | Miguel Garcia Cardona | 4040 NE and Ave, Suit | e 401 Stadd |
| | | Miami FL 33137 | □Remove |
| | | | □Change |
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