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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
CTITATION CONT				
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	t Anicles of	Amendment and feets) are sub	mitted for filing	
Picase return	all correspo	indence concerning this matter	to the following:	
		Lucas Perez		
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. mall correspondence concerning this matter to the following: Lucas Perez Name of Person The White Tiger Motel, LLC Firm/Company 11260 SW 156 CT Address Miami, FL 33155 City/State and Zip Code lubaby white tiger@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: z 786 9914857 Name of Person Name of Person Daytime Telephone Number			
		The White Tiger Motel, LI	.C	s60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		11260 SW 156 CT		
		 	Address	
		Mlamí, FL 33155	endment and fee(s) are submitted for filing. nee concerning this matter to the following: Lucas Perez. Name of Person The White Tiger Motel, LLC Firm/Company 11260 SW 156 CT Address Miami, FL 33155 City/State and Zip Code ubaby whitetiger@gmail.com F-mail address: (to be used for future annual report notification) erning this matter, please call: 786 9914857 at (Area Code Daytime Telephone Number) sollowing amount: \$\int \frac{30.000}{300.000} \text{ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} Street Address: Registration Section	
			City/State and Zip Code	ress d Zip Code atture annual report notification) 6 9914857 a Code Daytime Telephone Number Filing Fee & Go Oop Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section
		- - -		
		E-mail address: (to be used for future annual report not	ilication)
For further in	nformation c	oncerning this matter, please ca	all:	
Lucas Perez				
	Name o	l'Person	Area Code Daytin	ne Telephone Number
Enclosed is:	ı check for tl	ne following amount:		
☐ \$25,00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	_	orporations	-	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The White Tiger Motel, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ards.)
. The Articles of Organization for this Limited I Florida document number L21000154196	Liability Company	were filed on March 28, 202	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
E.T. ARMADA, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	11260 SW 156 CT Miami, F	F L 33196
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	11260 SW 156 CT Miami, F	FL 33196
3. If amending the registered agent and/or seent and/or the new registered office addr		address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	Lucas Perez		EB ::
New Registered Office Address:	11260 SW 156		9 P
		Enter Florida street add	Iress (in the second se
	Miami		Florida 3319675
		City	Zîp'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 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
MGR	Lucas Perez	11260 SW 156 CT Miami, FL 33196	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			SECULIA ED Change
			PH Add
			□Remove
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			Петюче
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			∃Change

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Typed or printed name of signee