## 121000214182

| (Requestor's Name)                      |
|---|
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |  |
|--|---|---|--|--|
| SUBJECT: T                             | Name of Limit                                   | ted Liability Company   |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |  |  |
|  | _kmael Moi                                      | Name of Person  |  |  |
|  |   | Firm/Company  |  |  |
|  | 1610 Hanover                                    | Address   |  |  |
|  | Dultona FL                                      | 32725<br>City/State and Zip Code  | ·  |  |
|  | IShir 2011 @ 9<br>E-mail address:               | mail. Com to be used for future annual repo                             | ort notification)  |  |
| For further information c              | oncerning this matter, please ca                |   |  |  |
|  | OYENO<br>f Person                               | at ( <u>407</u> )   | 432 9041<br>Daytime Telephone Number   |  |
| Enclosed is a check for the            | ne following amount:                            |   |  |  |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclose | \$60,00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl |  |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The ROOM LLC  |   |   |
|---|---|---|
| (Name of the Limited Liability Compar<br>(A Florida Limited I.  | ny as it now appears on our records.) iability Company)                   | ·   |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000214782</u> .   | were filed on May 7 202   | and assigned                                |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited liabil.  (ARTEL (OATING LLC)  The new name must be distinguishable and contain the words "Limited Liabil."   |   | 11  |
|   |   | aboreviation L.L.C.                         |
| Enter new principal offices address, if applicable:   | 1610 Hanover Ave.   |   |
| (Principal office address MUST BE A STREET ADDRESS)   | Deltona FL 32725  |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | Same (18 01000)   | me of the new registered                    |
| Name of New Registered Agent:   | n/a   | r~ :  |
| New Registered Office Address:  |   |   |
| New Registered Office Address.  | Enter Florida street address  | . ^   |
|   | . Florida   | C. e  |
|   | City  | Zip Code '-                                 |
| New Registered Agent's Signature, if changing Registered Agent:   |   | 5<br>5                                      |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pebeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am<br>provided for in Chapter 605, F.S. O | familiar with and<br>r, if this document is |

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 = M $AMBR = A$ | anager<br>uthorized Member |            |                |
|--------------------|----------------------------|------------|----------------|
| <u>Title</u>       | <u>Name</u>                | Address    | Type of Action |
|                    |                            |            | □ Add          |
|                    |                            |            | □ Remove       |
|                    |                            | ·········· | Change         |
|                    | <del></del>                |            | □∧dd           |
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| F.66                |   |
| Note:               | ive date, if other than the date of filing:   |
| e recor<br>rd is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated               | Celes Septimber 23 2021   |
|                     | Signature of a member or authorized representative of a member  |
|                     | ,   |
|                     | Smal Movino Typed or printed name of signee   |

Filing Fee: \$25.00