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COVER LETTER

TO: Registration Se Division of Con			
	DGING L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Derrick Andre HoSang		
		Name of Person	**
	DRE'S LODGING L.L.C.		
		Firm/Company	<u> </u>
	1611 Michigan Ave apt 17	7	
		Address	2
	Miami Beach, FL 33139		7821
		City/State and Zip Code	: 1
	dhosang1285@gmail.com		ر ع
	E-mail address: (to be used for future annual report no	914 99 may
For further information of	concerning this matter, please c	all:	9
D. Andre HoSang		305 609-7626	ā
Name c	nt Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRE'S LODGING L.L.C. (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 5/13/2021 and assigned Florida document number L21000223240 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 abbreviations "LLC." Enter new principal offices address, if applicable: (Principal office 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ngr <u>/Amb</u> r	D. Andre HoSang	2445 Centergate Dr	■Add
		APT 205	□Remove
		Miramar, FL 33025	□Change
			□Remove
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second seco	e must be specific a is block does no	and cannot be prior t meet the applica	able statutory filin	(option ore than 90 days after g requirements, this	filing.) Pursuant to 605.0207
he record specifies a delayed efford is filed.	ective date, but n	iot an effective til	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated		2021	<u> </u>		
	1	,			
			-		

Filing Fee: \$25.00