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To:

Division of Corporations

(850)617-6183 Fax Ukimber

Account Name : HUB INC

Account Number : 120240000012 Phone : (954)866-9393 : (954)866-9394 Fax Number

> **Inter the enail address for this business entity to be used for future annual report mailings. Enter only one chail address please.**

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From: 9548669394 Tue 06 May 2025 07:58:53 PM UTC \rightarrow

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smiles Lodging LLC			
(Name of the Limi	ited Liability Company (A Florida Limited Uni	as it now appears on our r ibility Company)	ecords.)
The Articles of Organization for this Limited L Florida document number	Liability Company w	were filled on $\frac{07/12/2021}{}$	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records. <u>e</u>	nter the name of the new registe
Name of New Registered Agent:	Juan Camilo Bela	alcazar	025 HA
New Registered Office Address:	1100 BRICKELL	BAY DR 310214	7 - 6 P = 2
megisteria giriev. iuniess.		Enter Florida sweet a	Jdress (1) P (5)
	Miami		_, Florida 533131 5
		Cur	∵Zip C <u>or</u> le ±

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

From: 9548669394 Tue 06 May 2025 07:58:53 PM UTC

Page 3 of 4

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

Title	<u>Name</u>	Address	Type of Action
MGR	Juan Camilo Betalcazar	1100 BRICKELL BAY DR 319214Mjami, FL 33131	(#Add
			(]Remove
			[]Change
MGR	Jean Carlos Balcazar	8016 NW 105 CT, Doral, Florida 33178	UAdd
			⊠Remove
			□ Clainge
MGR	Diana Alaeddine	7519 NW 102 court, Doral, Florida 33178	
			ZRemove
			[] Change
	<u> </u>		□Add
			©Remove
			UChange
			©Add
			©Remove
			∐Change
			@Add
			□Remove
			UChange

	affective April 20, 2007. The cole manufaction lead Comits Details are
	effective April 29, 2025. The sole member is Juan Camilo Belalcazar
•	
iffect	ive date, if other than the date of filing:
<u> Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 20 days after filing.) Pursuant to 605,02071, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
rceoi d 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
	April 29, 2025 Signature of a member of authorized representative of a member Juan Camillo, Belaleazar
Dated	

Filing Fee: \$25.00

Typed or printed name of signee