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## **COVER LETTER**

. TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration So Division of Co.				
enn nec		HAUS MANAGEMENT, LLC	.*		
SUBJEC'	ı:	Name of Lin	ited Liability Company		_
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please reti	ırn all correspo	ondence concerning this matter	to the following:		
		EMILY K VU			
			Name of Person		
		GULFCOAST PARADIS	E, LLC		
			Firm/Company		<del></del>
		4411 BEE RIDGE RD, #6	33		
			Address		
		SARASOTA, FL 34233			
			City/State and Zip Code		
		EKVU62@GMAILCOM  E-mail address: 6	to be used for future annual	report notification)	_
For further	r information c	oncerning this matter, please c		,	
ЕМІГА К		,	941 92	8-0368	
Name of Person			at () Area Code	Daytime Telephone Nun	ıber
Enclosed i	s a check for th	ne following amount:			
	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc	Certif	) Filing Fee, ficate of Status & fed Copy onal copy is enclosed)
R	Lailing Addres Legistration 5 Division of C	Section	<del>-</del>	ddress: ation Section n of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	ES OF AMENI	DMENT		
·	TO		42	C
ARTICLE	S OF ORGAN	IZATION		19
	OF			6 6
AIRBNB HAUS MANAGEMENT, LLC				14/1.30
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now	appears on our reco	ords.)	7000
	·			
The Articles of Organization for this Limited Liability	Company were filed	on08/11/2021	í	and assigned
Florida document number L21000361480				
This amendment is submitted to amend the following:				
A TO B. A STATE OF THE P.		•		
A. If amending name, enter the new name of the lin	инен паршту сотр:	any nere:		
GULFCOAST PARADISE, LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability Company	the designation "L	LC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			,	
			<del>-</del>	
B. If amending the registered agent and/or registered		our records, ent	er the name of t	he new registered
agent and/or the new registered office address here:				
Name of New Registered Agent:				<u></u>
New Registered Office Address:				
	En	ter Florida street add	ress	
		. 1	Florida	
	City	·	Ziţ	Code
New Registered Agent's Signature, if changing Registered	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	complete performar	nce of my duties,	and I am famili	ar with and

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
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			□Remove
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an effective date is fisted, the date must lote: If the date inserted in this block	e specific and k does not n	cannot be prior neet the applic	to date of film; able statutory	gor more than 90 Tilling requiren	days after fili nents, this da	ng.) Pursuant to 6 ite will not be li	05.0207 ( sted as 1
ocument's effective date on the Dep	artment of S	State's records					
record specifies a delayed effective. I is filed.	date, but not	an effective t	ime, at 12:01	a.m. on the earl	lier of: (b)	The 90th day af	ter the
. is filed,							
ated JAN 18		2024					
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