h21000 H7H077

(Re	questor's Name)	
(Ad	idress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	5'T 0/6	
Special Instructions to	Filing Officer:	
		:

Office Use Only



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2022 HAR TO AM TO: 46
SECNATION AS STATE

of 3/18/2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Reg Divi	istration Se ision of Cor	ection porations			
SUBJECT:	HOT TUB	MIAMI LLC			
•	<u> </u>	Name of L	imited Liability Company		
The enclosed	Articles of	Amanda and and a	1. 1. 1. a		
		Amendment and fee(s) are st			
Please return :	all correspo	ndence concerning this matte	er to the following:		
		VOLODYMYR HAHOI	NIN		
			Name of Person		
		HOT TUB MIAMI LLC			
			Firm/Company		
		240 NW 25TH ST APT 8	332		
			Address		
		MIAMI, FL 33127			
			City/State and Zip Code		
		gagoninv@gmail.com			
			(to be used for future annual	report notification)
For further info	rmation con	ocerning this matter, please o	all:		
VOLODYMY	R HAHONI	N 	786	450-7678	
	Name of P	erson	Area Code	Daytime Telepl	none Number
Enclosed is a ch	eck for the	following amount:			
≡ \$25.00 Filir	ig rec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine	<u>Address:</u>		_		
	ration Sec	tion	Street Ad Registra	dress: tion Section	
Divisi	on of Cor		Division	of Corporation	ins
P.O. B	lox 6327			tro of Tallaha	1113

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 10 AM 10: 46

HOT TUB MIAMI LLC			SECRE OF BUREAU
(Name of the Li	mited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	SECRETALLY HE STATE
The Articles of Organization for this Limited			
Florida document number L21000474027	,		and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited lia	bility company here:	
13 SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE			
inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
) If amount the state of the st			
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office ess here:	address on our recor	ds, enter the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	-	
		Enter Florida si	reet address
			, Florida
		City	Zip 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
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
		<u> </u>	□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
effectiv e: If t	date, if other than the date of filing:
ord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
meu.	
mea.	February 22 2022
d	
mea.	Signature of a member or authorized representative of a member

Filing Fee: \$25.00