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COVER LETTER

Tallahassee, FL 32314

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eun ucca	JOCABED	L.L.C		,	•
SUBJECT	1:	Name of Lin	ited Liability Company		•
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please rett	ırn all correspo	ondence concerning this matter	to the following:		
		JOCABED MARTINEZ			
			Name of Person		
			Firm/Company		
		1100 SW 6TH AVE APT	305		
			Address		
	,	GAINESVILLE, FL, 326	01		
		jocabed@opulentlodging	City/State and Zip Code		iling Fee. te of Status &
		E-mail address: (to be used for future annual report no	otification)	
For further	r information c	oncerning this matter, please c	all:		
Jocabed	Martinez		561 452-8139		
	Name o	f Person		me Telephone Number	
Enclosed i	s a check for th	ne following amount:			
■ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status & Copy
	lailing Addres egistration S		Street Address: Registration S	ection	
Division of Corporations			Division of Co	orporations	
P	.O. Box 632	.7	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOCABED L.L.C COLLINST AND SO (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1. ii. and assigned: Fi The Articles of Organization for this Limited Liability Company were filed on November 17, 2021 Florida document number L21000493913 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OPULENT LODGING L.L.C 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 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 , Florida

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
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ocument's effective date on the Depar	nment of State's recor	as.		
record specifies a delayed ef	fective date, but i l is filed.	not an effective ti	ime, at 12:01 a.m.	on the earlier o
The 90th day after the record				
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