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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VELVET LUXE STAYS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Velvet Luxe Stays, LLC   |  |                                 |                       |                            |   |
|--|--|---------------------------------|-----------------------|----------------------------|---|
| (Name of the Limited   | l Liability Company as<br>V Florida Limited Liabil | it now appears on outy Company) | ur record <u>s.</u> ) |                            |   |
| The Articles of Organization for this Limited Liab Florida document number L2200001147       | bility Company wer                                 | e filed on <u>12/22</u> .       | /21                   | and assig                  | gned  |
| This amendment is submitted to amend the follow  | ving:  |                                 |                       |                            |   |
| A. If amending name, enter the new name of t   | the limited liability                              | company here:                   |                       |                            |   |
| The new name must be distinguishable and contain the wor                                     | rds "Limited Liability C                           | ompany," the designar           | tion "LLC" or the #50 | Migion 12                  | .C."  |
| Enter new principal offices address, if applical   | ble:   |                                 |                       |                            | <del></del>                                   |
| (Principal office address MUST BE A STREET   | (ADDRESS)  | ·····                           |                       | <u> </u>                   | <u> </u>                                      |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B           |  |                                 |                       | 2 AMII: 31<br>SEE, FLORIDA | — <u>————————————————————————————————————</u> |
| B. If amending the registered agent and/or regagent and/or the new registered office address |  | ess on our record               | ls, enter the name    | e of the new               | registered                                    |
| Name of New Registered Agent:  |  |                                 | -11- <b>-31</b> -11-1 | una                        |   |
| New Registered Office Address:   |  |                                 |                       |                            |   |
|  |  | Enter Florida str               | veet 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 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 |
|--------------|-------------------|--|----------------|
| AMBR         | PRUDENCE BASTIEN  | 7901 4TH ST N STE 300  | □Add           |
|              |                   | ST. PETERSBURG, FL 33702   | XIRemove       |
|              |                   |  | □Change        |
| AMBR         | Keddy-Adine Creed | 7901 4TH ST N STE 300  | SZi Addi       |
|              |                   | ST. PETERSBURG, FL 33702   | □Remove        |
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