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2022 FEB 22 PM 4: 16
SECRETARY OF STATE

A. BUTLER MAR 1 - 2022

COVER LETTER

TO: Registration Division of C	
SUBJECT:	HE BIG STAYS, LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	JOHNSON FRANCOIS Name of Person
	THE BIG STAYS, LLC Firm/Company
	13821 NW 22nd ST. Address
	SUNRISE, FL. 33323 City/State and Zip Code
	SUNRISE, Fi. 33323 City/State and Zip Code JOHNSON ADESTEATY Of Mail-COM E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
JOHNSON Nam	FRANCOIS at (954) 500-1807 Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	2022 FEB	22 PM 4: 16
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company) SECRET	ARY OF STATE MASSEE, FL All and assigned
The Articles of Organization for this Limited Liability Company	were filed on $10/27/20$	and assigned
Florida document number <u>L2200003137</u> .	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SUENYOD,		
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	13821 NW 22nd SUNRISE, FL.	gST.
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL.	33 <i>323</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	SUNRISE, FL.) 452 33345
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
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fectiv	e date, if other than the date of filing: $\frac{2/25/22}{}$ (optional)
an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
record is file	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
	TEBRUARY 10
ated _	TEBRUARY 18 2/18/22 2022
_	
	- ten to ten
	Signature of a member or authorized representative of a member

THE D MARKET