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COVER LETTER

TO: Registration Section Division of Corporations

3012A EUI HOTEL, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

ļ	ason B. Giller			
-		Name of Person		
J	ason Giller P.A.			
-	· · ·	Firm/Company		
I	111 Brickell Ave Suite 1	550		
***		Address	<u>_</u>	
Х	4iami FL 33131			
-		City State and Zip Code		
ja	son(d)gillerpa.com			
—	E-mail address: (to be used for future annual report notifi-	cation)	
For further information concer	ming this matter, please ea	all:		
Jason B Giller		305 999-1906 at ()		
Name of Pers	θη	Area Code Daytime	Telephone Number	
Enclosed is a check for the fol	lowing amount:			
■ \$25.00 Filing Fee □	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address:</u> Registration Secti	()n	<u>Street Address:</u> Registration Sect	lion	
Division of Corpo		Registration Section Division of Corporations		
P.O. Box 6327	Auton			
		The Centre of Ta	Hanassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3012A ELI HOTEL, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of C	Drganization for this Limited Liability Company were filed on 01/20/2022	and assigned
	· E22000038751	

Florida document number 122000058751

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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Miami FL 33131	in co	 ഗ	
	FL	~	
			H11 Brickell Ave Suite 1550

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	·······	
New Registered Office Address:		
	Enter Florida street addre:	N 3
	, F1	orida
	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.

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>r removed from our records</u>:

	Manager Authorized Member		
<u>'itle</u>	Name	Address	Type of Action
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). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effect <u>Note:</u> If	e date, if other than the tive date is listed, the date mus "the date inserted in this blo it's effective date on the De	t be specific and cannot be pric sek does not meet the appli	or to date of filing or icable statutory fil	more than 90 days after ing requirements, thi	onal) r filing.) Pursuant to 60 is date will not be lis	5.0207 (3)(b ted as the
he record s ord is filed	specifies a delayed effective L	e date, but not an effective	time, at [2:01 a.m	i, on the earlier of: (f	 The 90th day after 	er the
Dated A	ugust 29th	2024	7			
	Jason B. Giller	Suchature of a provider or suit	horizad representati	ve of a member	<u> </u>	
	. <u>.</u>	Typed or prin	nted name of signee		·	
			I			