L22000101480

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A. RAMSEY AUG 2 6 2022



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1021 LLC				
			_	Art of Inc. File
				LTD Partnership File
			l	Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			<u></u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<u></u>	Fictitious Search
Signature				Fictitious Owner Search
org.na.co				Vehicle Search
		--		Driving Record
Requested by: SETH	08/25/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Maille	Date	THE		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

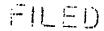
Registration Section

TO:

Div	ision of Cor	porations				
eun men	1021 LLC					
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Monica Tirado				
			Name of Person			
		Tirado-Luciano & Tirado,	P.A.			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		2655 Le Jeune Road, Suite	: 1109			
		- - ·	Address			
		Coral Gables, FL 33134				
			City/State and Zip Code			
		mt@tltirado.com E-mail address: (to be used for future annual report n	otification)		
For further in	iformation c	oncerning this matter, please c	·	,		
Monica Tirac	do		305 390-2320 at ()			
	Name o	f Person	Area Code Dayt	inie Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ling Addres		Street Address:	Section		
_	gistration S ision of C	orporations	Registration Section Division of Corporations			
P.O	. Box 632	7	The Centre of	Tallahassee		
Tall	lahassee, I	L 32314	2415 N. Monr	oc Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 25 AHII: 21

1021 LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/11/2022}{1}$ and assigned Florida document number L22000101480 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1 Hotel 1021 LLC 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 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
			□Remove
			☐ Change
	·		
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

		
		
		
fective date, i	if other than the date of filing: (optional)	
an effective date i	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to c inserted in this block does not meet the applicable statutory filing requirements, this date will not be	605.020 listed a
	ctive date on the Department of State's records.	
record specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
is med.		
August 24	4 2022	
ated August 24	4 2022	
August 24	4 ,2022	
August 24	Signature of a number or authorized representative of a member	

Filing Fee: \$25.00