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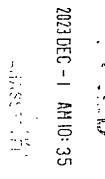
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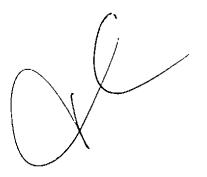
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## **COVER LETTER**

TO:

TO:	Registration So Division of Cor		•		
en (15 f.C.)		LEGAL, PLLC			
SUBJE	UI:	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	_		
		HECTOR ACOSTA CAR	RILLO		
			Name of Person	<del></del>	
			Firm/Company	202	
	2150 N BAYSHORE DR #2303		3050	•	
		Adda Add (N. 22) 27	Address		
		MIAMI FL 33137	City/State and Zip Code	2023 DEC -1 AH 10: 35	
		HACOSTALEGAL@GMA	AL.COM to be used for future annual report notific		
For furth	er information c	oncerning this matter, please c	·	action)	
НЕСТО	R ACOSTA CA	RRILLO	785 375-8535		
	Name o	f Person		l'elephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>\$</b> 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Sect	ion	
Division of Corporations			Division of Corp	orations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Ta 2415 N. Monroe		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACOSTA LEGAL, PLLC

(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  $\frac{04/04/2022}{1}$ and assigned Florida document number 1.22000159621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACOSTA AIRBNB MANAGEMENT, 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 Cirv 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 Anthorized 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>	<u>Address</u>	Type of Action
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record specifies a delayed effective di is filed.	ite, but not an effective time, at 12	2:01 a.m. on the earlier of: (	b) The 90th day af	ter th
NOVEMBER 27	2023			
nted	11/1 0			

Filing Fee: \$25.00