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(City/State/Zip/Phone #)

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CLERK OF STATE
TALLAHASSEE, FL

S. PLATT
2/10/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE STAY LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOHANNA LONDONO

Name of Person

ONE STAY LLC

Firm/Company

1835 E HALLANDALE BEACH BLVD STE 430

Address

HALLANDALE BEACH FL 33009

City/State and Zip Code

CONTACT@TRIPPNOW.COM

E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLAHASSEE, FL
JUN 19 PM 2:12

For further information concerning this matter, please call:

JOHANNA LONDONO 786 328-4145
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

ONE STAY 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 05/06/2022 and assigned
Florida document number L22000215541.

This amendment is submitted to amend the following:

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

TRIPP 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)

1835 E HALLANDALE BEACH BLVD, STE 430

HALLANDALE BEACH FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1835 E HALLANDALE BEACH BLVD, STE 430

HALLANDALE BEACH FL 33009

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:

1835 E HALLANDALE BEACH BLVD, STE 430

Enter Florida street address

HALLANDALE BEACH

, Florida

City

33009

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ERWIN O OLIVA	1835 E HALLANDALE BEACH BLVD, STE 430	<input type="checkbox"/> Add
		HALLANDALE BEACH FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOHANNA LONDONO	1835 E HALLANDALE BEACH BLVD, STE 430	<input type="checkbox"/> Add
		HALLANDALE BEACH FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WE STAY LLC	1835 E HALLANDALE BEACH BLVD, STE 430	<input type="checkbox"/> Add
		HALLANDALE BEACH FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CLERK OF STATE
TALLAHASSEE, FL
2021
10:21 PM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

10 PM 2:12
STATE
LA HASSEE, TX

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 28, 2024

Signature of a member or authorized representative of a member

ERWIN OLIVA

Typed or printed name of signee

Filing Fee: \$25.00