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(Address)	
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(Document Number)	
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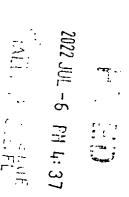


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2022 JUL -6 PM 4: 16

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at 1/6/2022

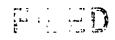
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nyajima Tut Name of Person
Jinubi Rentals LLC Firm/Company
1520 Pullen Rad, wit 11
Tallahassee, Florida, 32303 City/State and Zip Code
Nyai mathat amal Com E-mail address: (to be fised for future annual report noutication)
For further information concerning this matter, please call:
Mut bach Name of Person at (507) 351-9422 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certified Copy \tag{Certified Copy} Certified

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



2022 JUL - 6 PH 4: 37

Inubi hentals LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(Name of the Efficient Claim) (A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>しみみのみみゃりの</u>	Company were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Tunubi Hospitality Luc The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	382 Northeast 191st Street
(Principal office address MUST BE A STREET ADDI	Micmi, Florida, 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	382 Northeast 191 st Street 90 Box 2520 Milling, Florida, 33179
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 38	2 Northeast 191st Street
	Miami Florida 33179 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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			☐Change
			□Add
			□Rcmove
			Change

	
	
	
	
Note: If the	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed affective date on the Department of State's records.
ne record spec ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	rly,06 - 2002.
	Tura ina hit
_	Signature of a member or authorized representative of a member
	$N = \frac{1}{L} I_{\perp}$
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Filing Fee: \$25.00