L22000234848

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zip// None #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/19/22--01020--001 **25.00

, COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	DGING LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing				
		-				
Please return all correspo	ndence concerning this matter	to the following:				
		Name of Person	 			
	LIBRA LODGING LLC					
		Firm/Company				
	1115 20th Ave. NE					
		Address				
	Naples Fl 34120					
		City/State and Zip Code				
	office@hisgi.com	to be used for future annual report no	tification)			
For further information c	oncerning this matter, please co	·	ancaton)			
Joshua M Walton		614 208-8788 at ()				
Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	S30.00 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 S		Street Address: Registration S	Section			
Division of Corporations		Division of Co	orporations			
P.O. Box 632		The Centre of				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I Clorida document number L22000234848		n 05/19/2022 and assigned
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compar	<u>ıy here</u> :
he 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 appli	icable:	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
Inter new mailing address, if applicable:	ALIENSA	
Mailing address MAY BE A POST OFFICE	<u></u>	
	<u> </u>	
3. If amending the registered agent and/or gent and/or the new registered office addr	E.F	our records, enter the name of the new regist
Name of New Registered Agent:	Nichole N Walton	
	1115 20TH A VE. NE	
New Registered Office Address:		er Florida street address
	Naples	, Florida 34120
	Cuy	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 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>	Address	Type of Action
AMBR	Joshua M Walton	1115 20TH AVE. NE NAPLES, FL 34120	= Add
			□Remove
			□Change
AMBR	Nichole N Walton		□Add
		1115 20TH AVE. NE NAPLES, FL 34120	■Remove
		 	□Change
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			□Change

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Effectiv	e date, if other than the date of filing: (optional)
(If an effect Note: If	tive 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 'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is file	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 d.
Dated _	August 17 2022. Michael M. Waltu
	Signature of a member or authorized representative of a member
	Nichole N Walton
	Typed or printed name of signee