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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

	ANA HOUSE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CHRISTOPHER CONNE	ER		
		Name of Person		
		Firm/Company	2022 35 TAL	
	3705 HARBOUR LANDING DR			
		Address	2022 JUN 27 AM 9: 03 SECRETARY OF STATE TALLAHASSEE FLORID	
	GAINESVILLE, GA 305	06	MC A	
	City/State and Zip Code			
	CHRIS.CONNER@FMSF	RANCHISE.COM (to be used for future annual report noti	**	
for further information c	oncerning this matter, please o			
REBEKKAH NOLAN		706 \$36-4655 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
☐ \$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 Address: Registration Section		<u>Street Address:</u> Registration Sc		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CABANA HOUSE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/02/2022</u>	and assigned
Florida document number L22000254231		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
THE FL CABANA HOUSE, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		202
 		ECS.
Sator - on motion address if anyting large		27
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ORIDE OG
		*
3. If amending the registered agent and/or registered office a	iddress on our records, <u>enter t</u>	he name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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
			AHAM SE
			CRETARY OF STATE LAHASSEE, FLORIDA
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	ation, enter change(s) here: (Attach additional	
		
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		JUN 27
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	e date of filing: ast be specific and cannot be prior to date of filing or more the shock does not meet the applicable statutory filing recognition of State's records.	(optional) han 90 days after tiling.) Pursuant to 605.0207 (3) quirements, this date will not be listed as the
he record specifies a delayed effecti ord is filed.	ve date, but not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
Dated JUNE 23	. 2022	
	Signature of a member organithorized representative of a	member
	CHRISTOPHER CONNER	
	Typed or printed name of signee	