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COVER LETTER

(additional copy is enclosed) Certified Copy		egistration Sec ivision of Cor			
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: Robert Souza Name of Person RELAXEDSTAYS LLC Firm/Company 10103 Akenside Drive Address Boxa Raton, FL 33428 City/State and Zip Code bobby@yourrelaxedstay.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phillip Marshall Name of Person Phillip Marshall Name of Person Second Telephone Number Enclosed is a check for the following amount: \$\Begin{array}	SHRIFCT		STAYS LLC		
Please return all correspondence concerning this matter to the following: Robert Souza	SUBJECT	•	Name of Lim		· · · · · · · · · · · · · · · · · · ·
RELAXEDSTAYS LLC RELAXEDSTAYS LLC	The enclos	ed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Name of Person RELAXEDSTAYS LLC Firm/Company 10103 Akenside Drive Address Boca Raton, FL 33428 City/State and Zip Code bobby @yourrelaxedstay.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phillip Marshall 954 at (Please retu	rn all correspoi	ndence concerning this matter	to the following:	
RELAXEDSTAYS LLC Firm/Company			Robert Souza		
Firm/Company				Name of Person	
Address Boca Raton, FL. 33428 City/State and Zip Code bobby@yourrelaxedstay.com E-mail address: (to be used for future annual report notification)			RELAXEDSTAYS LLC		
Address Boca Raton, FL. 33428 City/State and Zip Code bobby@yourrelaxedstay.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phillip Marshall at (Firm/Company	
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For further information concerning this matter, please call: Phillip Marshall					ication)
at (For further	information ce		·	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy					
■ \$25.00 Filing Fee		Name of	Person		Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is	a check for the	e following amount:		
	■ \$25.00	Filing Fee		Certified Copy	Certificate of Status &
Mailing Address: Registration Section Registration Section	<u>M</u>	ailing Address	<u>i</u>		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TO	•	21 /
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OF	•	<u>-</u>
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RELAXEDSTAYS 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 $\frac{07/07/2022}{}$ and assigned Florida document number 1.22000303354 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RELAXED STAYS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

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.

City

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>	Type of Action
AMBR	SOUZA, ROBERT E	10067 Akenside Drive	□Add
		Boca Raton, FL. 33428	Remove
			■Change
AMBR	SOUZA, KRISTEN E	10067 Akenside Drive	□Add
		Boca Raton, FL, 33428	Remove
			□Add
			Remove
			Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605
e: If the date inserted in this block does not meet the applicatiment's effective date on the Department of State's records.	ole statutory (thing requirements, this date will not be liste
ord specifies a delayed effective date, but not an effective tim filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after
med.	
July 27th 2022	
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Signature of a member or/author,	Mark and the second section of the second section is