# K2200032322H

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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### **COVER LETTER**

TO: Registration Section Division of Corpo			
subject: <u>Alojam</u>	ilento Miami Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Posa N	Name of Person	
		Firm/Company	
	3054 N	IN 18th ST	
	Mami rmanzar	FL 33174 City/State and Zip Code  Care 5 56 @ hotm to be used for future annual report notifi	ail .com
For further information con-	cerning this matter, please ca		
Qosa Mari Name of P	a Correa	at ( <u>786</u> ) <u>800</u> — Area Code Daytime	(6) 39 Telephone Number
Enclosed is a check for the	following amount:		
S≥5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Mailing Address:
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIED

Alojamiento Mian		001 records. 7 AUG 19 AH 7: 07
( <del>Xame of the Limited Liability Co</del> (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on <u>17</u>	21 20522 All and assigned
Florida document number <u>L2200032322+</u> .	•	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		····
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
	<u></u>	
B. If amending the registered agent and/or registered off	fice address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Nume of New Registered Figure.		
New Registered Office Address:	Enter Florida s	treet address
		. Florida
	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 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
MGR	Rosa Maria Correa	3054 NW 18th st	□Add
		Miami, FL 33125	□Remove
			Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
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(If an el Note:	ive date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	August 13 2022
	//
	(/ft/l/l/dd)
	Signature of a member or authorized representative of a member