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(F	Requestor's Name)	
(A	Address)	
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PICK-UP	WAIT	MAIL
(F	Business Entity Name)	
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Certified Copies	Certificates of St	atus
Special Instructions to F	Filing Officer:	
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	J. HORNE	
	J. HORNE SEP 2 6 2022	

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SECRETARY OF TALLAHUSSEFF

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	HOME HOSPITALITY CREST	VIEW I.LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	AHAMAD MEMAN		
		Name of Person	
		Firm/Company	
	407 CHICKADEE ST		· · · · · · · · · · · · · · · · · · ·
		Address	
	CRESTVIEW, FL, 32539		
	ahamadsm@yahoo.com	City/State and Zip Code	
	•	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
ahamad meman		1 817 929 286- at ()	4
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the 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 Addr Registration	Section	Street Address: Registration Sec	
Division of P.O. Box 61	Corporations 327	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F11 ED
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SWEET HOME HOSPITALITY CRESTVIEW LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 8/19/2022	and assigned
Florida document number 1.22000362671		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he 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 a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street adaress	
	, Florid	aZip Code
Name Danistanud Agent's Signature if shanging Degistered Agent:	City	z.ip Coue

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

Title	<u>Name</u>	Address	Type of Action
AMBR	AHAMAD MEMAN	407 Chickadee St, Crestview, FL, 32539	□Add
			■Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		□Remove	
		□Change	
			□Add
		□Remove	
		Change	
			🗇 Add
		□Remove	
			□ Change

(If an et Note:	ive date, if other than the date of filing:
the rece	d 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.
n .	9/26/2022
Datec	48munn
	Signature of a-member or authorized representative of a member

Typed or printed name of signee