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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)886-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.

Email address: Accountantal taxzone fl. con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERIOR NEXT GENERATION SPA MIAMI LLC

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K. SALY

OCT 1 1 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: S	UPERIOR NEXT G Name of Lim	ENERATION SPA MI ited Liability Company	AMI LLC
	Amendment and fee(s) are sub	~	
Please return all correspo	nadence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	
	TAX ZONE INC		
		Firm/Company	ومدسوري سلطان الماطلية على الماطلية والماطلية والمساوي ويرسي فاعلية
	8865 COMMUNITY CIR:	STE 4	
		Address	
	ORLANDO, FL 32819		
		Ciry/State and Zip Code	
	ACCOUNTANT@TAXZOI	NEFL.COM to be used for future annual report to	otification)
Ver firsther intermution o	concerning this matter, please of		ouncemony
	oncerning this matter, preuse c		
ED KOTLER		4133208 at () Area Code Dayt	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	he following amount:		
图 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street 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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 OCT 10 PM 4: 14
TALLAHASSEC FLORIO,

(Name of the Limited Liability Company as it (A Florida Limited Liability The Articles of Organization for this Limited Liability Company were by						
The A. C. L. C. Commington Control Similar Liability Company were	iled on 09/01/2022 and assigned					
Florida document number 122000385547						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability co	mpany here:					
Luxury rentals and real Estat The new name must be distinguishable and contain the words "Limited Liability Con	e LLC pany," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	241 OCOEE APOPKA RD					
• •	OCOEE, FL 34761					
Enter new mailing address, if applicable:	964 GEORGE TOWN AVE CLERMONT, FL 34711					
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name of the new registered					
Name of New Registered Agent:						
New Registered Office Address: 241 ocoee apopka r	Enter Florida street address					
	•					
<u>Осюее</u>	r Florida 34761 Cr 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.

□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>	Name	Address	Type of Action
AMBR	Raphaele Papa 1110	241 ocoee apopka rd	CAdd
		Ococe, fl 34761	L)Remove
			2 Change
AMBIL	Stepae V Atkinson	241 ococe Apopka rd	🗆 Abd
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