L22000434193

(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
	J DEN	s 113
	SEP - 8	2023

Office Use Only



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2029 SEP -7 AM 8: 45

RECEIVED

COVER LETTER

Division of Corpora		$\overline{}$	
SUBJECT: SIPS-10	a Slays	KESTORO led Liability Company	ations LLC
	Haine VI Linn	ou blacking company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Andr	oa Mos	5
-	<u> </u>	Name of Person	
· ·	Siesta S	Hays Kest	reations LLC
		Fign/Company	\cap \cap A
<u> </u>	PMB 1045 64	151 Midnish	+ lass Koad
	Sieta K	Address Lloydo	34242
•		City/State and Zip Code	1
_	Andrale L.	+89 C noting	n notification)
For further information conce	rning this matter, please ca	II:	
Ampoa	M055	, 8 5 9, 3	330621
Name of Per	son	Area Code [Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee	330.00 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)

3 2 C

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2023 SEP 3/4/50 AM 8:45,

Stays Restorations UC 348.

(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 10-7-2022 and assign Florida document number 122000434193

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	enovations LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	6457 Nianight Has Ka \$ 1045
	Siesta Kry 71 34242
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	W/A
Name of New Registered Agent:	- 1 . 1A
New Registered Office Address:	NA
	Enter Florida street 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

or removed from our records: MGR = Manager AMBR = Authorized Member			
<u> </u>	Name Address	Type of Action	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			
		□Add	
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		□Add	
		□Remove	
		□Change	
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		□Remove	

lf amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Changing Name from
	Siesta Stays Rostorations LL
	Siesta Stays Renovations L
	EIN - 92 2328946
ffective	e date, if other than the date of filing: $9-4-2023$ (optional)
ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s l is filed	
ated	9-7 Judiec Moss
	Signature of a member or authorized representative of a member Hindle Mo55

Filing Fee: \$25.00