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R. HUNT

COVER LETTER

то:	Registration Section Division of Corp						
	My Suite Life MIA LLC SUBJECT:						
SUBJ							
		smendment and fee(s) are subm					
Please	return all correspon	dence concerning this matter to	o the following:				
		Precious McDade			_	2977	
		The Suite Life LLC	Name of Person		24 () 0	2017 21	piere gares
		8()4() NE 5th Ave	Firm/Company		Y CE ST	M 7: 19	
		Miami, FL 33132	Address			19	
			City/State and Zip Code				
		thesuitelifemia@gmail.com			_		
		E-mail address: (t	o be used for future annual report notifi	ication)	-		
		oncerning this matter, please ca	all: 202 802-3881				
Prec	ious McDade			: Telephone Numb		-	
	Name o	f Person	Area Code Daytime	: Telephone Numb	ber		
Encl	osed is a check for th	ne following amount:		—	entit ti		
= (\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	icate of Sied Copy is	tatus &	
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Pallahassee Street, Suite	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited L Florida document number		were filed on October 10, 202	2 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name o	of the limited liab	ility company here:		
The Suite Life MIA LLC			2 E	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation. L.L.C.	
Enter new principal offices address, if appli	N/A	H 7:2		
<u>(Principal office address MUST BE A STREI</u>	ET ADDRESS)		· E 0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/or agent and/or the new registered office addre	~	address on our records, <u>ente</u>	r the name of the new regi	
agent and/or the new registered office addre	ess tiere.			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street addr	ess.	
		į.	lorida	
		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 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>	Address	Type of Action
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			Change
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ctive date, if other t	han the date of fi	ling:	r to date of filing of	more than 90 days	o ptional) after filing) Pursuar	n to 605 020
e: If the date inserted	in this block does no	ot meet the applic	cable statutory fil	ing requirements	this date	will not	he listed a
ument's effective date	on the Department (or state's records).				
cord specifies a delayed	l effective date, but	not an effective t	ime, at 12:01 a.n	1. on the earlier o	of: (b) Th	e 90th d	lay after th
s filed.							
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