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Office Use Only



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JAN 2 U 2023

COVER LETTER

TO:	Registration Sec Division of Corp			
CHD IE	~ T .	Sunflo	wers Stay LLC	
SUBJEC			ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		K,	AREN Aviles Name of Person	
			Name of Person	
			Firm/Company	
		433	3 W 45th Pl. Address	
			,	
		/	Hialeah Fl. 3301	2
		5 a	City/State and Zip Code am Soph, 2 @ yuh A to be used for future annual report notif	oo, wm.
For furth	er information co	oncerning this matter, please ca		ication)
	KAREN	Av, 65	at (786) 3/2 -	8517
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for the	e following amount:		
X \$25.0	00 Filing Fec	□ \$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 Address		Street Address:	otion
	Registration Se Division of Co		Registration Sec Division of Con	
	P.O. Box 6327	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suggl	owers	Stay 1	LC 2002 not a	·
(Name of the Limited I			on our records.)	1 44 7: 10
The Articles of Organization for this Limited Liabi	lity Company wer			OZZ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability	company here	: :	
The new name must be distinguishable and contain the words	s "Limited Liability C	ompany," the desi	gnation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	X)			
				
B. If amending the registered agent and/or registered office address h		ess on our rec	ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida	a street address	
_			, Florid	a
		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>	Address	Type of Action
MGR	KAREN Aviles	433 W. 45th Pl.	XAdd
		Higleah Fl. 33012	□Remove
	,		□ Change
AMBR	JOSE AVILES	433 W. 45th Pl. Hialeah Fl. 33012	□Add
		Hialeah Fl. 33012	□Remove
			Change
			□Add
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			□Change
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(If an effective Note: I	re date, if other than the date of filing:
ord is file	
Dated _	Signature of thember or authorized representative of a member Typed or printed name of signee
	Signature of member or authorized representative of a member
	Jose Aviles

, ...

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