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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Mac	Name of Life	itality Company	Q UC	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Valentina	Name of Person	lemeth	
	Maraeu	Hospitality Firm/Company	Group LLC	
	<u>18630 ZU</u>	98 Aue Address	ZOZZ	4,
		City/State and Zip Code  SOUTH FWELDA CO  to be used for future annual report noti	Engli Jiens	
For further information co	E-mail address: a		fication) 22: 5	lo*
Valentua Name of	<del></del>	at ( <u>ATA</u> ) <u>980</u> Area Code Daytim	- 3860 e Telephone Number	
Enclosed is a check for th	e following amount:			
¥ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee c Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liabil.	ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 22 00053 102</u> 6	e filed on 12 20 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7 SEC 222
Enter new mailing address, if applicable:	DEC 27 AHASSE
(Mailing address MAY BE A POST OFFICE BOX)	PMI2:
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	12houida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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		12411 NW 15TH PL,	<u>IV</u> Add
	Ocombo Nemeth	SITTING FOSPI TOA	□Remove
		FC, 33323	Change
MOR		18630 SW 98 Ave	
	Barzaga Aleman	Wiler Bay, FC	[ ]Remove
		33157	(Change
		· · · · · · · · · · · · · · · · · · ·	□Add
		SECRE THE	Remove
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ffective date, if oth an effective date is liste lote: If the date inse- ocument's effective of	ed, the date must be sp rted in this block do	ecific and cannot ses not meet the	t be phior to dat e applicable s	of filing or mo	re than 90 days	(optional) s after filing.) Pur s, this date will	suant to 6 not be 1	05.020 isted as
	layed effective date	, but not aπ effe	ective time, a	t 12:01 a.m. oi	n the earlier o	of: (b) The 90	th day at	fter the
record specifies a de is filed.								
l is filed.	5055	,		1				
record specifies a del I is filed. ated 12 22		ture of a member		representative o	l a member			