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## **COVER LETTER**

Division of Corporations				
	i Resorts LLC		•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	M. Gabriela Palacios, Esq.			
	Name of Person			
	The Palacios Law Firm PI	LC		
		Firm/Company	<del></del>	
	1 Alhambra Plz, Columbus Ctr, PH Floor			
		Address		
	Coral Gables, FL 33134			
		City/State and Zip Code		
	gpalacios@thepalacioslawf	īrm.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
M. Gabriela Palacios		305 527-3049 at ( )		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$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: Registration Section		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Amani Resorts LLC

OF

rts LLC

(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 I	iability Company were filed	on 01/03/2023	and assigned
Florida document number L23000006463	·		<b>-</b>
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	any here:	
The Amani Hotels and Resorts, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company	"," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on	our records, enter the r	name of the new registered
agent andor the new registered office addre	ss uere:		
Name of New Registered Agent:	The Palacios Law Firm PLLC		
New Registered Office Address:	l Alhambra Plaza, Columb	us Center, PH Floor	
	En	ter Florida street address	·
	Coral Gables	, Florida	33134
	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.

M. Gabrisla Palacios
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
			□Remove
			□ Change
			□Remove
			□Change
<del></del>			
			□Remove
		·	
			□ Add
		<del> </del>	□Remove
			□ Change
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			□Remove
			□Add
			□Remove
			□ Change

## Page 2 of 3

). If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
-	
	· · · · · · · · · · · · · · · · · · ·
(If an effective date Note: If the date	if other than the date of filing:
the record spe b) The 90th d	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated	
Juan	Signature of a member of authorized representative of a member a Loyola
	Typed or printed name of signee