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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Con					
SUBJECT: 5U	PER' Mego	istab 11C			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tordan	Menard Name of Person			
	The Pr	OFESSIONAL ST Firm/Company	ay		
	_	Address			
	Jordan Me E-mail address: (City/State and Zip Code City/State and Zip Code Type Profe to be used for future annual report notif	<u>Ssimals</u> t	2023SEP	∕n]-
For further information e	oncerning this matter, please ca	all:		Ξ ₂ ς Ι	late i
Jordan Name o	Menard i Person	at (56) 376 - Area Code Daytime	Telephone Number	PM 2: 20 OF STATE SSEE FL	ين هندي مندست في ال
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sureh megastar LCC
(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 1-05-23 = and assigned
Florida document number <u>La3000013356</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The Professional Stay LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 1825 NW Corporate Blvd
Principal office address MUST BE A STREET ADDRESS) Suite 110 BOCA Raton, FL
3343
Enter new mailing address, if applicable: 1825 NW Corporate Blvd
Mailing address MAY BE A POST OFFICE BOX) Suite 110 Boca Raton, FL
33431
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registere gent and/or the new registered office address here:
gent and/of the new registered office address here.
Name of New Registered Agent:
New Registered Office Address: 1825 NN Corporak Blvd Sujk 110
Enter Florida street address
BOCA Ratun, Florida 33431
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

Title AINGE	<u>Name</u>	Address	Type of Action
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effective date is listed, the lift the date inserted	than the date of filing: the date must be specific and cannot be prior to date of filing of d in this block does not meet the applicable statutory file on the Department of State's records.	(optiona r more than 90 days after filir ling requirements, this da	ig.) Pur	suant to not be	605.0 listed
cord specifies a delay s filed.	ed effective date, but not an effective time, at 12:01 a.r.	n. on the earlier of: (b)	Γhe 90	th day a	after t
ed Septer	Mber 13, 2023.				
	CATIVA ON IL I				
	Signature of a member or authorized representat	ive of a member			-

Filing Fee: \$25.00