## L23000048321

(Re	equestor's Name)	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA



## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO: Registration Sec Division of Corp			
empreor. Asso	pilor Hospita	Lity. LLC	
SUBJECT	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
·	•	-	
	Ч.		
	- lanine	Name of Person	<del></del>
		Firm/Company	
	1835 E	Hallandala Brach B'	<u>1v #467</u>
	Hallandule	Deach, FL, 3300	9
	You'meaney	revol 6 G.mail. Co.	^~
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Vani a C		701 300	~~`\^`
Name of	Person	at ( 786 ) 352 C	: Telephone Number
Enclosed is a check for th	e 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		Street Address: Registration Sec	Nion
Registration S Division of Co		Division of Cor	
	<b>.</b>		-

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	my us at now appears on our	r records )		
(A Florida Limited I	Liability Company)	Treevies,		
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on 01 2	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2023 TAC		
(Principal office address MUST BE A STREET ADDRESS)		ACC S		
Ti a sa s		ASSEE, F		
Enter new mailing address, if applicable:		OR S		
(Mailing address MAY BE A POST OFFICE BOX)		OM S		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	, enter the name of the new registers		
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capaci performance of my du	ity. I further agree to comply with th ties, 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	Yanine Guerrero	1835 E Hallandale BrackBluff40 Hallandule Beach FL 33009	2) Xadd
			□Remove
			□Change
MGR	Gilberto Garcia-Turon	1835 E Hallas De Beach Bdv #46 Hallandale Beach FL 33009	<u>}</u> □Add
			Remove
		<del></del>	□Change
AP	Gilberto Garas-Turan	1835 E Hallandele Beach Bloth Hallandele Beach FL 33009	<u>16-</u> }□Add
			Remove
			Change
			□Add
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(If an effectiv Note: If the	date, if other than the date is listed, the date the date inserted in the s effective date on the	must be specific and one is block does not me	cannot be prior to d eet the applicable	late of filing or more to e statutory filing re	(optional than 90 days after fill quirements, this days	ing.) Pursuant t	o 605.020 e listed a	07 (3) as the
the record specord is filed.	ecifies a delayed effe	ective date, but not a	an effective time.	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the	c
Dated	Your 15		2023					
	و کی و	20	-e- <sub>1</sub>					
				ed representative of a			_	

Filing Fee: \$25.00

Typed or printed name of signee