## L23000121370

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FILED



July 25, 2024

EDWIN DAVILA 1402 NW 56TH ST MIAMI, FL 33142

SUBJECT: NIDO HOSPITALITY LLC

Ref. Number: L23000121374

We have received your document for NIDO HOSPITALITY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 324A00016390

Rebekah Lefeavers Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section

Div	ision of Corp	porations		
0115 10 CT	NIDO HOS	PITALITY LLC		
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub-	Mame of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  WIN DAVILA  Name of Person  WILA HOLDINGS LLC:  Firm/Company  22 NW 56TH ST  Address  AMI. F1, 33142  City/State and Zip Code  WILA.DH@GMAIL.COM  E-mail address: (to be used for future annual report notification)  ng this matter, please call:  at (	
Please return	all correspo	ndence concerning this matter	to the following:	
		EDWIN DAVILA		
			Name of Person	
		DAVILA HOLDINGS LLO		
			Firm/Company	
		1402 NW 56TH ST		
			Address	
		MIAMI, FL 33142		
			City/State and Zip Code	<del>.</del>
		EDAVILA.DH@GMAIL.C		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	ill:	
EDWIN DA	VIIA			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount: Alreedy	Paid - See copy of	check cashed
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>
Reg Div P.C	iling Address gistration S vision of Co ). Box 632' lahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

1/0 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nido Hospit	rality LC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000121374</u>	npany were filed on MARCH 8, 2023	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
NIDO Stays LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	S(S)	
Enter new mailing address, if applicable:	<u></u>	2024
(Mailing address MAY BE A POST OFFICE BOX)		AU
		F =
	in -c	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of	of the new registered
agent and/or the new registered office address here:	SE SE	••
	F. 1	32
Name of New Registered Agent:	1911	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Ziv 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
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			□Remove
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