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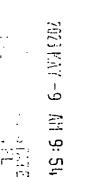
(Requestor's Name)
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

JBJECT:	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	indence concerning this matter	to the following:	
	VICTOR FRANCO		
		Name of Person	
	SALON SUITES HOLDIN	NGS LLC	
		Firm/Company	
	3212 PACIFIC DR		
		Address	
	NAPLES, FL 34119		
		City/State and Zip Code	
	VICTOR.FRANCO@IMAG	GESTUDIOS360.COM	
	E-mail address: (	to be used for future annual report notif	ication)
r further information c	oncerning this matter, please c	all:	2023 1.77
ICTOR FRANCO		239 777-1895	
Name o	f Person	at () Area Code Daytime	Telephone Number
nclosed is a check for th	ne following amount:		VI 9: 54
■ \$25.00 Filing Fee	S30.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SALON SUITES HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ted liability company here:	
e new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation." L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<u>(2)</u>
		<u> </u>
		- 10 <b>(2)</b>
nter new mailing address, if applicable:		
L.W II MAY DE A BACT AFFICE PAIA		
lailing address MAY BE A POST OFFICE BOX)	<del></del>	
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our records,	enter the name of the new regist
If amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records,	enter the name of the new regist
If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records,	
If amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:		t address
If amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:		
If amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street City	t address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHAWN MILLER	5885 Standing Oaks Lane	■Add
		Naples, FL 34119	□Remove
			□ Change
	<del> </del>		□Add
			□ Remove
			□Change
<del></del>	<del></del>		☐Add
			L≟Remove
			Figure 2
			□Add
			□Change
			□Add
			□ Remove
			□Change
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			□ Remove
			□Change

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