

L23000191402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

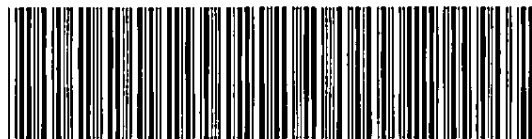
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

2023 MAY -9 PM 4:31

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## COVER LETTER

Division of Corporations

Hospitable Stays, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison McGrath

Name of Person

Hospitable Stays, LLC

Firm/Company

18315 Cypress View Way

Address

Tampa, FL 33647

City/State and Zip Code

allison.oreal87@gmail.com

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Sean McGrath

Name of Person

813

Area Code

928-9791

Daytime Telephone Number

Enclosed is a check for the following amount:

Certificate of Status

Certified Copy

(additional copy is enclosed)

X

Certificate of Status &

Certified Copy

(additional copy is enclosed)

Registration Section

P.O. Box 6327  
Tallahassee, FL 32314

Registration Section

The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

*Hospitable Stays, 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 Liability Company were filed on 4/18/2023

Florida document number L23000191402

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*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 Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FL  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sean McGrath	18315 Cypress View Way	<input type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Allison McGrath	18315 Cypress View Way	<input type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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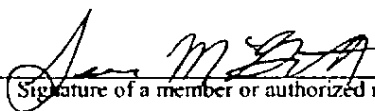
CLERK OF STATE  
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

document's effective date on the Department of State's records.

If the record specifies a delayed effective date, the date on the record is the date on which the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Sean McGrath

Typed or printed name of signee