

L23000216969

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From: Account Name : SOUSA & ASSOCIATES INC  
Account Number : I20190000111  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HTL 1 DUX LLC

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K. SALY

DEC 22 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HTL 1 DUX 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:

Maria C Sousa  
Name of Person

SA Finance & Accounting Inc  
Firm/Company

5728 Major Blvd Ste 309  
Address

Orlando Florida 32819  
City/State and Zip Code

Licenses@safinacc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa at ( 407 ) 8007028  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■

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

FILED  
2023 DEC 21 PM 4:12  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

HTL I DUX 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 05/02/2023 and assigned  
on Florida document number L23000216969

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

, Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Hassan Isber	Av Silva Jardim, 1240 - Ap 171 20	<input checked="" type="checkbox"/> Add
		Curitiba, PR. BR. 80250-200	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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