## L23000305747

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

A. RIVERS OCT 24 2023



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## COVER LETTER

то:	Registration Se Division of Cor		÷				
SUBAI	* 4 */**	xpress Booking LLC					
Name of Limited Liability Company							
The en	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
Name of Person							
		ZenBusiness INC					
Firm/Company							
336 E. College Ave Suite 301							
			Address				
		Tallahassee, FL 32304					
City/State and Zip Code fulfillment@zenbusiness.com							
		E-mail address: (	to be used for future annual report noti	fication)			
For fur	ther information co	oncerning this matter, please ca	all:				
c/o ZenBusiness INC		844 493-6249 at ()					
	Name of	Person	Area Code Daytim	e Telephone Number			
Enclose	ed is a check for th	e following amount:					
<b>≡</b> \$2.	5.00 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:
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

26/2023 and assigned		
26/2023 and assigned		
<u>ere</u> :		
designation "L.L.C." or the abbreviation "L.L.C."		
1317 Edgewater Drive		
5370		
2804		
r Drive		
7F22 804 OC		
records, enter the name of the new register		
型 22		
Enter Florida street address		
Florida 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Anthony Otero	5032 Queen Palm Drive	
		New Port Richey, FL 34652-5962	□Remove
AMBR	Anthony Forres	4919 St James St	<b>=</b> Add
		Winter Haven, FL 33881	□Remove
			□Change
			□Add
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
			□☐Change
			□Add
			□Remove
			□Change
		<del></del>	∐Add
			□Remove