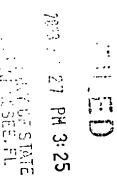
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DATE:

7/27/2023

NAME:

SIESTA HOSPITALITY VENTURES II, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>.) </u>
The Articles of Organization for this Limited Liability C Florida document number <u>L23000348485</u>	Company were filed on 7/24/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
		<u>~</u>
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
		%9 P
		ا بي الاتا
Enton many modified address of auntication		ENTE FL
Enter new mailing address, if applicable:		<u>m 0, </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
N. B. 1 . 1000		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address	rida

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
MGR	Shaun Miller	22 S. Links Ave., Suite 300	🖸 Add
		Sarasota, FL 34236	■Remove
			□Change
AMBR	Mokai Properties, LLC	7901 4th St N, STE 300	≅Add
		St. Petersburg, FL 33702	□Remove
			⊖Change
<u>-</u>			DAdd T
			SSET GRemove
			FATE 25
			□Remove
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ffective date, if other than the	e date of filing:		((optional)	
an effective date is listed, the date mu lote: If the date inserted in this b	st be specific and cannot be plock does not meet the an	rior to date of filing	or more than 90 days	after filing.) Pursua	ant to 605.020
ocument's effective date on the D	Department of State's reco	rds.	5 redantemesses	, viiis dute viii in	si de listed d
	e date, but not an effective	e time, at 12:01 a.	m. on the earlier o	f: (b) The 90th	day after the
record specifies a delayed effective is filed.					
l is filed.		.mr	,		
l is filed.	2023				
l is filed.	, 2023				
record specifies a delayed effective is filed. ated	y 2023 Signature of a member or a	uthorized representa	live of a member		

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