L23000413248

(Requestor's Name)				
(Ad	ldress)			
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(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP		MAIL		
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(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Statue		
Certified Copies	_ Certificates	Or Status		
Special Instructions to	Filing Officer:			
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900415643049

900415643(4/3000)3714/23--01013--002 14/25.00

COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: + HC	Name of Limite	ed Liability Company	<u> </u>				
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	R.cky	Name of Person					
	Hotel F	Firm/Company					
	15 woodbe	ory dr Palm Co. Address	ast				
Palm Coast FL 32164 City/State and Zip Code							
Hotel Fur Dogslic & gma, 1. com E-mail address: (to be used for future annual report notification)							
For further information con	ncerning this matter, please cal	1:					
Qicky Q	obles	at (366) 569 - Area Code Daytime	- 6736 Telephone Number				
Enclosed is a check for the	following amount:						
≥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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**

Hotel tur Donas 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 9/05/2023 and assigned	
Florida document number <u>L 2 3 0004/13248</u> .	
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 "L.L.C." 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)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> agent and/or the new registered office address here:	<u>ed</u>
Name of New Registered Agent:	
New Registered Office Address: 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 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>	Name	Address	Type of Action
mor	Rickyllables	15 wood bury er	[140]
		Pain coast FL 3216L	□Remove
			□Change
MAR	Scmanth R Robles	15 woodbury dr	&Add
		Palm coast FL 32164	□Remove
			□Change
			□ Add
			□Remove
			DChange
			DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change Effective Date From 10/30/2023 To 9/05/2023 E. Effective date, if other than the date of filing: 9/05/2023 (optional)
(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 6(15,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/11/2023

Signature of a member or authorized representative of a member

Ricky Robbles

Typed or printed name of signee