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COVER LETTER

TO: Registration Division of			
CORTED TO A COST			
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	A&A HOTEL LIQUIDATION LLC Name of Limited Liability Company		
Please return all corre	spondence concerning this matte	r to the following:	
	Shadi Badran		
		Name of Person	
	iTAX FINANCIAL GRO	PUP LLC	
		Firm/Company	
	2960 Vineland Rd , Ste E		
		Address	
	Kissimmee, FL 34746		
		City/State and Zip Code	
	GreenShadi@gmail.com		
	E-mail address:	(to be used for future annual report not	tification)
For further informatio	п concerning this matter, please o	call:	
Shadi Badran			
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Add</u> Registratio		Street Address:	etion
-	Corporations	Registration Se Division of Co	
P.O. Box 6	327	The Centre of	•
Tallahassee	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

A&A HOTEL LIQUIDATION 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 10/12/2023 and assigned Florida document number _L23000470519 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. 664 HOME GROVE DR Enter new principal offices address, if applicable: WINTER GARDEN, FL 34787 (Principal office address MUST BE A STREET ADDRESS) 664 HOME GROVE DR Enter new mailing address, if applicable: WINTER GARDEN, FL 34787 (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

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
AMBR	AMR ABOELDAHAB	1395 SEASONS BLVD	□Add
		KISSIMMEE, FL 34746	■Remove
			□Change
AMBR	ZEINA HAMMAD	664 HOME GROVE DR	≣ Add
		WINTER GARDEN, FL 34787	□Remove
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n effective date is listed, the date must be https://december.nlm.nih.gov/need-in-this-block	specific and cannot be prior to	date of filing or more than 9	0 days after filing.) Pursuant to 6	05.0207
cument's effective date on the Depa	rtment of State's records.	e statutory tring require	ments, this date will not be i	isted as
ecord specifies a delayed effective da	ate, but not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
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is filed.				
пп у тет	2024			
шиулет	2024	•		
is filed. ned	. 2024			
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ted JULY IST	2024 nature of a member or authoriz	ed representative of a mem	ber	

Filing Fee: \$25.00