L24000036415

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer. | |
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Office Use Only



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850-266-4696
Return Address:
9800 Noriega Dr
Pensacola, FL 32514

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Cor | porations | | | | |
|--------------------|-----------------------------|--|---|---|--|--|
| SUBJECT: | | nd Suites LLC | | | | |
| SUBJECT | | Name of Limited Liability Company | | | | |
| The enclosed | f Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | Laura O'Brien | | | | |
| | | - | Name of Person | | | |
| | | Lo Salon and Suites LLC | | | | |
| | | | Firm/Company | | | |
| | | 9800 Noriega Dr | | | | |
| | | | Address | | | |
| | | Pensacola, FL 32514 | | | | |
| | | | City/State and Zip Code | | | |
| | | obrienlaura1293@gmail.com | m to be used for future annual report no | Hiliantians | | |
| For further i | nformation c | oncerning this matter, please o | | meann | | |
| Laura O'Bric | | oncerning this matter, prease of | 850 266-4696 | | | |
| Name of Person | | at () Area Code Daytii | me Telephone Number | | | |
| Enclosed is a | a check for th | ne following amount: | | | | |
| ■ \$25.00 I | 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 tadditional copy is enclosed) | | |
| | iling Addres | | Street Address: | | | |
| | gistration S vision of C | Section Torporations | Registration S Division of Co | | | |
| |), Box 632 | • | The Centre of | | | |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lo Salon and Suites LLC | | |
|---|---|---|
| (<u>Name of the Limited Liability Comp</u> e (A Florida Limited | any as it now appears on our records, Liability Company) | <u> </u> |
| The Articles of Organization for this Limited Liability Company | were filed on 1/18/2024 | and assigned |
| Florida document number L24000036415 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20% |
| Principal office address MUST BE A STREET ADDRESS) | | = |
| | | <u></u> |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | <u></u> |
| | | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new register |
| | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | *************************************** |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | rida |
| | Cu'i, | ząr Cotw |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
|--------------|---------------|-------------|---------------------|----------------|
| MGR | Laura O'Brien | | 9800 Noriega Drive | ≅ Add |
| | | | Pensacola, FL 32514 | □Remove |
| | | | | Change |
| | | _ | | □ Add |
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| ffective date, if other than the | data of filings | 1/18/2024 | | (optional) | |
| an effective date, it other than the | a be specific and car | nnot be prior to d | ate of filing or more th | | Pursuant to 605.0207 (|
| Note: If the date inserted in this bl | ock does not mee | t the applicable | | | |
| ocument's effective date on the D | epartment of Stat | e's records. | | | |
| | | | | | |
| record specifies a delayed effective | e date, but not an | effective time. | at 12:01 a.m. on the | e earlier of: (b) The | 90th day after the |
| d is filed. | | | | | |
| September 26 | : | 2024 | | | |
| Dated | · · · · | · | | | |
| 7 | | | | | |
| |) (| | ed representative of a r | | |

Filing Fee: \$25.00

Typed or printed name of signee