## L24000170047



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## **COVE\***, **LETTER**

TO: Registration Section

Division of Co	rporations				
	WAN ESCAPES LLC				
SUBJECT:	Name of Lette	ed Guldlity Company			
The enclosed Articles of	Amendment and fee(s) are su'	sitted for tiling.			
Please return all corresp	ondence concerning this ranger of	ott following:			
	YELENA MELAMED				
		Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm-Company			
	125 S WILKE RD STE 200	Λ			
		Address			
	ARLINGTON HEIGHTS.II	( )			
		City/State and Zip Code			
	E-man address: (to	be used for luture annual report not	lication)		
For further information	concerning this matter, please cal	1:			
		ut ()			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	the fallowing amount:				
	171	CT SEE OO THING TO . C.	CO SECONO ECCIONO Espa		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &  1 Cértified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section		Registration Sec			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK SWAN ESCAPES LLC		<u> </u>
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/10/2024	and assigned
Florida document number L24000170047		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
1		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u></u>	
		F   F
		a m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		S - m
		—————————————————————————————————————
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter th</u>	e name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	. Flori	da
	City	Zin 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 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

Title	Name	Address	Type of Action
MGP	Guevara Zelada Elmer Santiago	1400 CAIRO ST,PENASACOLA,FL,32507	<b>\overline{\overline</b>
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