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COVER LETTER

Division of Corporations Neverland Stay Orlando LLC ÷ SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Damian Kowalczyk Name of Person Neverland Stay Orlando LLC Firm/Company 316 E Bloomingdale Ave Address Brandon, FL 33511 City/State and Zip Code support@jmfloridasolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janet Collado Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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TO:

Registration Section

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

NEVERLAND STAY ORLANDO LLC

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I. Florida document number 1.24000321257	iability Company were filed on	07/19/2024 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, <u>enter the new name o</u>	f the limited liability company	here:
The new name must be distinguishable and contain the v	words "Limited Liability Company." the	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or		records, enter the name of the new registers
agent and/or the new registered office addre		FET OF
Name of New Registered Agent:	JANET COLLADO	
New Registered Office Address:	316 E BLOOMINGDALE AVE	
		lorida street address
	BRANDON	Florida 33511
	City	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.

f Changing Registered Agent, Signature of New Registered Agen

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
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ffective date, if other than th	ne date of filing:		(optional)
an effective date is listed, the date m lote: If the date inserted in this occument's effective date on the	ust be specific and cannot be prior to block does not meet the applical Department of State's records.	date of filing or more than 90 day ole statutory filing requiremen	rs after filing.) Pursuant to 605.02 ts, this date will not be listed
record specifies a delayed effect I is filed.	ive date, but not an effective tim	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
August 16th	2024		
		_	
	Damian Kowalczyk Damian Kowalczyk Signature of a member or author	and representative of a mamba-	_ _
	Signature of a member or author	rzen rebresentative of a memoer	
Damian Kowalczyk			