

L24000391546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

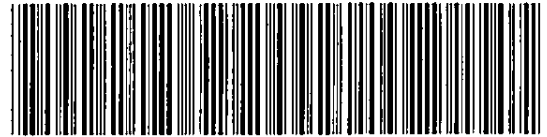
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

UMILLS

Office Use Only



200437131042

10/22/24--01001--012 4855.00

RECEIVED

2024 OCT 22 PM 12:19

NOTED BY STATE
TALLAHASSEE, FL 32301

636 101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPV 100 Hotels, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Holowchak

Name of Person

SPV 100 Hotels, LLC

Firm/Company

70161 LA-59 Ste C

Address

Abita Springs, Louisiana 70420

City/State and Zip Code

HuvaFish@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Holowchak

(46) 772-7913

at ()

Name of Person

Area Code

Daytime 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)

☐ \$60.00 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**

SPV 100 Hotels, 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 September 9, 2024 and assigned Florida document number L24000391546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

70161 LA-59 Ste C

Abita Springs, Louisiana 70420

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

70161 LA-59 Ste C

Abita Springs, Louisiana 70420

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:

Gus Harper

New Registered Office Address:

1300 Thomaswood Dr.

Enter Florida street address

Tallahassee

Florida 32308

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.


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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hotel Solar, LLC	2000 PORTOFINO CIRCLE	<input type="checkbox"/> Add
		UNIT 106	<input type="checkbox"/> Remove
		PALM BEACH GARDENS, FLORIDA 33418	<input checked="" type="checkbox"/> Change
AMBR	BLACKROCK BUILDERS, LLC	2000 PORTOFINO CIRCLE	<input checked="" type="checkbox"/> Add
		UNIT 106	<input type="checkbox"/> Remove
		PALM BEACH GARDENS, FLORIDA 33418	<input type="checkbox"/> Change
AMBR	AOW, LLC	70161 LA-59	<input checked="" type="checkbox"/> Add
		STE C	<input type="checkbox"/> Remove
		ABITA SPRINGS, LOUISIANA 70420	<input type="checkbox"/> Change
AMBR	Gardner Investment GARDNER INVESTMENT HQ Holdings, LLC	8005 EVENING STAR LANE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FLORIDA 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT FOUQUET, INDIVIDUAL	69289 3RD AVE	<input checked="" type="checkbox"/> Add
		COVINGTON, LOUISIANA 70433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~COPY OF SOLE MEMBER EIN~~

~~COPY OF OPERATING AGREEMENT~~

Please include following EIN# 99-4856953


E. Effective date, if other than the date of filing: SEPTEMBER 9, 2024 (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 605.0207 (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 OCTOBER 21 2024



Signature of a member or authorized representative of a member

RICHARD HOLOWCHAK

Typed or printed name of signee

Filing Fee: \$25.00