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A. RAMSEY NOV 1 6 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Mayen	Huspitatily
DOCUMENT NUMBER: P210000	1 0
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Judith	Susser, Registerel Agent Name of Contact Person
	Name of Contact Person of filality Firm/ Company
	N 34 Ave
	Address 1 FL 33021 City/ State and Zip Code
,	City/ State and Zip Code
E-mail address: (to b	pe used for future annual report notification)
For further information concerning this matter, [please call:
Allen Susser	at (305) F28 · 3700 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	
S35 Filing Fee S43.75 Filing Fee Certificate of Statu	& S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently	filed with the Florida Dept. of State
\ <u>\</u>	- STARY OF THE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	Cny) (Zip Code)
Now Desired Asset Cinemans if sharping Designary Aponts	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
· ·	aminin namu y minia na
Check if applicable	

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>J</u>	онл Дое	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>ve</u>	TB Huspitality brough	1901 SW 68 Ave
Add		•	1901 SW 68 Ave Plantation FL 33317
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	***		
Add			·
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

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			aution or concol	Hation of issued	shares,	
an amendment p	rovides for an exc	hange, reclassific	ation, or cance		1.0	
provisions for imp	dementing the am	<u>hange, reclassific</u> endment if not co	ontained in the	amendment itse	lf:	
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provisions for imp	dementing the am	change, reclassific	ontained in the	amendment itse	lf:	

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The date of each amendment(s) adop date this document was signed.	tion: 10/01/2021	, if other than the
-	13/3/12-01	
Effective date if applicable:	10/01/2021 (no more than 90 days after amena	lment file date)
Note: If the date inserted in this block document's effective date on the Depart		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes tient for approval.	cast for the amendment(s)
	ed by the shareholders through voting group th voting group entitled to vote separately on	
"The number of votes east for	the amendment(s) was/were sufficient for ap	proval
by	(voting group)	·"
	(voting group)	
Dated <i>[::::::::::::::::::::::::::::::::</i>	1.51	
Signature (By a direc	tor, president or other officer - if directors of	officers have not been
selected, by	y an incorporator – if in the hands of a receiv fiduciary by that fiduciary)	er, trustee, or other court
	Todich Susser (Typed or printed name of person sig	
_	(Typed or printed name of person sig	ning)
	President (Title of person signing)	
- -	(Title of person signing)	