## L100000 80672

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## (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

Da	10/30/2023 Acc#130160000073	
	Acc#120160000072	
Name:	SMG Companies Holdings, LLC	
Document #:		
Order #:	15197790	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	
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Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SMG	COMPANIES HOLDINGS, LLC	TALLAHASSEE. FI OPI
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Lunited Liability Company)	THOSEE. FLORIS
The Articles of Organization for this Limited Liab Florida document number L10000080672	ility Company were filed on 08/02/2010	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
SIESTA HOSPITALITY GROUP, LLC		
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	4DDRESS)	
		·
B. C. Ward and M. Ward.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered affice address h		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:  Enter Florida street a		
_	, Floric	da
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the region.	and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S istered office address, I hereby confirm that t	I am familiar with and I. Or, if this document is
	If Changing Registered Agent, Signature of No	w 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>	Type of Action
MGRM	MATTHES, RUSSELL A	4837 Swift Rd Ste 202	□Adđ
		Sarasota, FL 34231	■Remove
			□Change
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Effective date, if other to (If an effective date is listed, the Note: If the date inserted document's effective date	in this block does no	t meet the applicable	ate of filing or more than e statutory filing requi	(options 190 days after filitiements, this da	ng.) Pursuant to 605.	0207 (3) d as th
the record specifies a delayed ford is filed.	i effective date, but n	not an effective time	at 12:01 a.m. on the	earlier of: (b)	The 90th day after	the
Dated October 23		2023				
	Signatury of	a member or authorize	ed representative of a mo	mber	· <del></del>	
	U	υ				
		Troy D. Sypret				

Filing Fee: \$25.00