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## **COVER LETTER**

KUSHTI	IOSPITALITY CONCEPTS LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	KEVIN FISCHER				
	<del></del> -	Name of Person	<del></del>		
	OSCAR REY CPA				
		Firm/Company			
	1400 LINCOLN RD, UNI	Г 504			
		Address			
	MIAMI BEACH, FL 3313	9			
	KEVIN@OSCARREY.CO	City/State and Zip Code M			
	E-mail address; (t	to be used for future annual repor	t notification)	2317	
For further information	n concerning this matter, please ca	uli:	<del>د -</del>	700	1 ,
KEVIN FISCHER		305 531-85	18	63	1
Name	e of Person		aytime Telephone Number	T	1 1 E
			,-	?	<b>'</b>
Enclosed is a check for	r the following amount:		<i>:</i>	<u>~</u>	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KUSH HOSPITALITY CONCEPTS 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 we	ere filed onand assigned
Florida document number L130000123326	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
KUSH HOSPITALITY GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liability C	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)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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_	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new
registered agent and/or the new registered office address here:	J m
	· · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00