h17000043029

(Rec	questor's Name)	
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06/21/22--01028--014 **25.00

SEP 1 3 2022 S. PRATHER TO: Registration Section Division of Corporations

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Derties, LLC Blackhu SUBJECT: imited Liability

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

Please return all correspondence concerning this matter to the following:

Teresa Blackburn IACKburn's Properties, LLC reet 3200 be used for future annual report notif

For further information concerning this matter, please call:

burn at 863 \mathcal{O} Davtime Telephone Number Name of Pe

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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O <u>Blackburn</u> (<u>Name of the Limited Liability Company</u> (A Florida Limited I Florida document number <u>L 17000043029</u>	S <u>Properties</u> , <u>Luce</u> , AP 9: Inv as it now appears on our records.) Liability Company) 2/22/22/22/2
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> Blackburn's HOS The new name must be distinguishable and contain the words "Limited Liabi	pitality, LLC
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	N/A
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
· · · · · · · · · · · · · · · · · · ·	, Florida 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.

MA If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
		A_/A	🗆 Add
		/V/M	🗆 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	NA	
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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 June 14 ZOZZ	LLATS/	ND5 704	
Signature of a member or authorized representative of a member		21 AM	
Teresa Blackburn		9: 09	

Filing Fee: \$25.00