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SECRETARY OF STALE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RICK ALLEN, MAGIC HOUR HOSPITALITY, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rick AllEN Name of Person	
RICK ALLC Firm/Company	
305 PALM ST. Address	
WingerMERE FL. 34786 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rick Allen at (407) 832-3592 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
▼\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 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

Rick All EN, Magic Hour Hospitality 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 Compar	ny were filed on	8105 191/10	and assigned
Florida document number L18000014106		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability compan	y here:	
RICK ALLEN LL			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," t	he 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)	: 		
D. If amonding the series and the series are			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on ou	ir records, <u>enter the na</u>	me of the new registered
•			
Name of New Registered Agent:			
New Registered Office Address:			
registered office Address.	Enter	Florida street address	_ ·
			:
	City	, 1 101104 _	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance s provided for i	e of my duties, and I am in Chapter 605, F.S. O	n familiar with and r. if this document is

If Changing Registered Agent, Signature of New Registered Agent

If emending 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>	Address	Type of Action
			
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			□Add
			□Remove
			—————□Change
			□Add
			□Remove
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	ate, if other th	nan the date	ecific and ca	 Innot be prior t	o date of filing or	more than 90 da	(optional) ys after filing.) I	Pursuant to 605.0207
fan effective : <u>Note:</u> If the	date inserted in effective date of	n this block do		et the applica	ble statutory fi	ling requireme	nts, this date w	in not be fisted as
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fan effective Note: If the document's de record s	date inserted in effective date of specifies a conductive day after t	n this block do on the Departm delayed effe the record is	ctive dat	et the applicate's records. te, but not 2022	·	e time, at 12	2:01 a.m. o	

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