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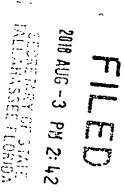
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporation		,			
SUBJECT: H2	BEE 110 G	E LLC ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter to	o the following:			
	ANGUS R	OGERS Name of Person			
	700 00	Firm/Company			
	_ +83 S. OR	ANGE AVE., SUI	TE 210		
	angus@f	FL 34236 City/State and Zip Code Coridays. net be used for future annual report notific	oution)	2018 A SECR	- -
For further information conc	erning this matter, please cal	·	eati(iii)	AUG -3	=
ANGUS RO	GERS	at (941) 362 · Daytime	9377 Telephone Number	PH 2: 42	
Enclosed is a check for the f	ollowing amount:			≅m ∧	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

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

HZ BEE RIDG	E, LLC	
(Name of the Limited Liability (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 8000 33046</u>	ompany were filed on $\frac{5(29/2018)}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
BEE ZIDGE HOSPITALIT The new name must be distinguishable and contain the words "Limit	Y, LLC	
	ted Liability Company," the designation "ELC" or the ab	breviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address		the name of the new
		201 SE SAL
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	
	City	Zij Code
New Registered Agent's Signature, if changing Registered	Agent:	\$ 1.
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am f ent as provided for in Chapter 605, F.S. Or,	familiar with and if this document is

Page 1 of 3

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			☐ Change
			□ Add
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an effective date is f fote: If the date in	other than the disted, the date must be asserted in this blockye date on the Dep	be specific and ck does not n	l cannot be pric neet the appli	or to date of lili icable statuto	ing or more tha	(option 90 days after this irements, this	iling.) Pursuant to	605.020 listed as
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Page 3 of 3

Filing Fee: \$25.00