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COVER LETTER

Division of Co	rporations			
CED IEZE.	MEADOWS HOSPITALIT	Y SYSTEMS		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Carl G. Meadows Sr.			
	Name of Person			
	Meadows Hospitality Systems LLC			
		Firm/Company		
	2350 Westminster Terrace			
	Address			
	Oviedo. FL 32765			
	•	City/State and Zip Code		
	Carl@cacpos.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	ication)	50
Carl G. Meadows Sr.		407 365-1991		- 著 (3) - 第 (3)
Name c	of Person		e Telephone Number	P
Enclosed is a check for t	he following amount:			31 EL
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is end	us &

MAILING ADDRESS:

TO:

Registration Section

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



MEADOWS HOSPITALITY SOLUTIONS 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 Compan	v were filed on October	24. 2018 and assigned	
Florida document number <u>L18000249737</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
MEADOWS HOSPITALITY SYSTEMS LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2350 Westminster Terrace, Oviedo, FL 32765		
(Principal office address MUST BE A STREET ADDRESS)			
	2350 Westminster Ter	race, Oviedo, FL 32765	
Enter new mailing address, if applicable:	2200 11 (51/11/15/01 10)	1400.000.000.000.000.000.000.000.000.000	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		records, enter the name of the new	
registered agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida stre	et 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.

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
			Add
			□ Remove
			Change
			D Add
			Remove
			□ Change
			Add
			Remove
			Change
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recore The 90	d specifies a Oth day after	delayed effe the record is	ctive date, b filed.	out not an eff	ective time, a	at 12:01 a.m. (on the earlier o
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		Sighar	ure of a member	or authorized repr	esentative of a me	mber	· · · · · · · · · · · · · · · · · · ·

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Typed or printed name of signee

Filing Fee: \$25.00