## L19000021483

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phon	ne #)
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(Bus	siness Entity Na	me)
(Doc	cument Number	)
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## **COVER LETTER**

	Registration Se Division of Cor			
SHR IFA	DYNASTY	HOSPITALITY GROUP. LL	С	
SOBJEC	-1. <u>-</u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
		<del></del>	Firm/Company	<del></del>
		17350 STATE HWY 249 S	STE 220	
			Address	<del></del>
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
		E-mail address: (	to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please of	all:	
LOVET	TE DOBSON		888 462-3453 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■</b> \$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 Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL THE TALL AND A LINE

SPITALITY GROUP, LLC	21 UN 21 PM 1: 12
ompany as it now appears on our reco	ords.
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pany were filed on 01/22/2019	and assigned
liability company here:	
Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
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ice address on our records, <u>ent</u>	er the name of the new register
Enter Florida street add	ress
,1	Florida
City	Zip Code
	Display as it now appears on our recoited Liability Company)  Doany were filed on 01/22/2019  Liability Company here:  Liability Company," the designation "L.  S)  Tice address on our records, ent

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being  $\varepsilon$  or removed from our records:

MGR = Manager AMBR = Authorized Member		Address JUH 21 PH 1: 12  Type of Action	
<u>Title</u>	<u>Name</u>	Address JUN 21 PH 1. 12	Type of Actio
MGR	Jennifer M Marquez	12070 NE 16th Ave Apt 206	□ Add
		Miami, FL 33161	■Remove
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fective date, if other than the neffective date is listed, the date mote: If the date inserted in this becament's effective date on the I	nock does not meet the applicable stati	(optional)  filing or more than 90 days after filing.) Pursuant to 605,0207 (atory filing requirements, this date will not be listed as the second sec
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
ited	2021	
Edward 7	A Augustold Signature of a member or authorized repr	resentative of a member
Edward A Archibold	-	
Lumaid A Atchitique		