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COVER LETTER

Division of Co	rporations		
CONTRACTOR	itality Group XI, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Angus Rogers		
		Name of Person	
	 	Firm/Company	
	783 S. Orange Ave., Suite	210	
		Address	
	Sarasota, FL 34236		
	angus@floridays.net	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Angus Rogers		941 362-9377 at () Area Code Daytime	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

AR Hospitality Group XI, LLC		
(<u>Name of the Limited L</u> (λ F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on July 19, 2019	and assigned
Florida document number L19000186377		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
		15 15 16
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<u> </u>
Principal office address MUST BE A STREET A	(DDRESS)	
		를 가
Enter new mailing address, if applicable:		<u>></u> c. =
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or i		enter the name of the ne
registered agent and/or the new registered office	aduress nere:	•
Name of New Registered Agent:		
Name of New Registered Agent.		j
New Registered Office Address:	Enter Florida street address	
	Enter r toriaa street address	
_	, Flori	
	City	Zin 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 AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** AR Hospitality Group 783 S. Orange Ave., Suite 210 MGR Management, LLC Sarasota, FL 34236 ■ Add ☐ Remove ☐ Change 783 S. Orange Ave., Suite 210 Angus Rogers MGR Sarasota, FL 34236 _□ Add ■ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add _□ Remove _□ Change ☐ Add ☐ Remove

□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		<u> </u>
		_
-	 	
		
		
		
If an effective da Note: If the d	e, if other than the date of filing:	605.0207 listed as
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ead day after the record is filed.	rlier of
Augus Dated_	2019	
	mas C Regin	
_	Signature of a member or anthorized representative of a member	•
	ngus Rogers	

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Filing Fee: \$25.00