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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Cor	porations			
	Noteworth	y Hotel Group, LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Matthew E. Morrall			
			Name of Person		
		Matthew E. Morrall PA			
		-	Firm/Company		
		2850 N. Andrews Ave.	<u> </u>		
			Address		
		Fort Lauderdale, Fl., 33311	1		
		MZN-HI	City/State and Zip Code		
		morrall@bellsouth.net	o be used for future annual report no	otification)	
For further in	formation c	oncerning this matter, please ca			
Matthew E. A	Morrall		954 563-4005		
	Name o	f Person	at () Area Code Daysi	ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	S30.00 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)	
	ling Addres		Street Address: Registration S	Section	
Registration Section Division of Corporations			Division of Corporations		
P.O	. Box 632	7	The Centre of	Tallahassee	
Tall	ahassee. I	·1. 32314	2415 N. Mont	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noteworthy Hotel Group, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)	
(AT IIII da (AIII lea (AIII)	The Company	
The Articles of Organization for this Limited Liability Company we	ere filed on 10/30/2019	and assigned
Florida document number <u>L19000271548</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Noteworthy Hospitality Group, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
. ,		
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>
-	<del>_</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add	lress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
		<u>.</u>
Name of New Registered Agent:		,
	<u></u>	
New Registered Office Address:	Enter Florida street address	<del>.</del>
	, Florida	· · · · · · · · · · · · · · · · · · ·
	( nįv	z.qr ( oae
New Registered Agent's Signature, if changing Registered Agent:		_
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my dutics, and La vided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			☐ Change
<del></del>			□Add
			□Remove
			57/21
			□Add
			□Remove
			□Add
			Remove
			□Change

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If an effecti <u>Note:</u> If t	date, if other than the date of filing:
e record sp rd is filed.	secilies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u> </u>	SULY 18 / 2021.
	Signature of a member or authorized representative of a member
	Steven W. Hudson Mgr/Member
	Typed or printed name of signee

Filing Fee: \$25.00