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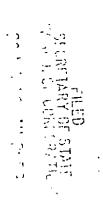
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COVER LETTER

TO:

TO: Registration Se Division of Cor			,
	spitality LLC	•	
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jeremy Absher		
		Name of Person	
	Absher Hospitality		
		Firm/Company	
	9958 Aloma Bend Lane		
		Address	
	Oviedo, FL 32765		
		City/State and Zip Code	~3 ?
	JeremyAbsher@gmail.com	to be used for future annual report not	* w
For further information of	concerning this matter, please c	-	-
Jeremy Absher		678 488-7532	
Name of Person		at () Area Code Daytim	re 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 Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Con The Centre of T	porations
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 810 2 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absher Hospitality 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 Company	were filed on 11/8/2019	and assigned
Florida document number 1.19000279722		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:	Enter Florida street address	····
	, Florid	Zip Code
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 accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am 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>	<u>Name</u>	Address	Type of Action
MGR	Jeremy Absher	9958 Aloma Bend Lane	
		Oviedo, FL 32765	Remove
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ffective date, if other than fan effective date is listed, the date	e must be specific and cann his block does not meet t	the applicable statutory	or more than 90 day	(optional) es after filing.) Pursuant to 6 ts, this date will not be 1	605,0207 isted as
ocument's effective date on t e record specifies a dela	ayed effective date,	, but not an effecti	ve time, at 12	:01 a.m. on the ear	rlier of
e record specifies a dela The 90th day after the	ayed effective date, record is filed.	, but not an effecti 920	ve time, at 12	:01 a.m. on the ead	rlier of
e record specifies a dela The 90th day after the	ayed effective date, record is filed.		ve time, at 12	:01 a.m. on the ear	rlier of
locument's effective date on the control of the con	ayed effective date, record is filed.			:01 a.m. on the ear	rlier of