## 120000007108

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## **COVER LETTER**

TO:

	tration Section of Corpo					
B SUBJECT: _	Best Day at C	Chill, LLC				
SUBJECT: _	· · ·	Name of Limited Liability Company				
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return a	ll correspon	dence concerning this matter	to the following:			
		Ken Hautmann				
		· · · · ·	Name of Person			
			Firm/Company	<del></del>		2021
		363 Corey Avenue	, ,			7071 DCT 19 PM 3:
			Address		——	19 6
		St. Pete Beach, FL 33706			)F STAT	က် က
		Ken@chillstpetebeach.com	City/State and Zip Code		PAI	
			to be used for future annual r	report notification)		
		ncerning this matter, please c				
Ken Hautmanr			at ()	G-6014		
	Name of I	erson	Area Code	Daytime Telephone N	umber	
Enclosed is a c	heck for the	following amount:				
■ \$25.00 File	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Cer osed) Cer	.00 Filing Fee, rtificate of Status rtified Copy ditional copy is enclo	
	ng Address: stration Se		<u>Street Ad</u> Registra	dress: tion Section		
Registration Section Division of Corporations			-	of Corporations		
P.O. Box 6327				ntre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Day at Chill, LLC

company has been notified in writing of this change.

(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  $\frac{12-30-2019}{2}$ and assigned Florida document number L20000007108 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KRH Hospitality, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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>	<u>Address</u>	Type of Action
MGR	Kimberly Beidelschies	363 Corey Avenue, St. Pete Beach, FL 33706	
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cument's effective date on the Department of State's reco					
ecord specifies a delayed effective date, but not an effecti	ive time, at 12:0	l a.m. on the ear	tier of: (b) T	he 90th o	lay after th
is filed.					
October 15 2021					
ted	•				
Signature of a member or					