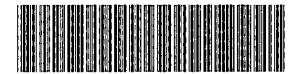
L20000018022

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SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

tegistration Se Division of Cor				
Construction	on and Hospitality Services, LL	·		
1: 	Name of Lim	ited Liability Company		
osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
eturn all correspo	ondence concerning this matter	to the following:		
	Rusty D. Rich			
		Name of Person		
	Construction and Hospital	ity Services, LLC		
Firm/Company				
	3865 Toby Avenue			
	•	Address		
	Malabar, Fl. 32950			
		City/State and Zip Code		
	rstyrch@aol.com E-mail address: (to be used for future annual report noti	fication)	
lurther information c	oncerning this matter, please ca			
ty D. Rich		321 403-5367		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
closed is a check for the	ne following amount:			
i \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Se	ction	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Construction and Hospitality Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on $\frac{1/10/2020}{1}$ and assigned document number | L20000018022 nendment is submitted to amend the following: imending name, enter the new name of the limited liability company here: v name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and veept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ampany has been notified in writing of this change.

ling Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added red from our records:

Manager

= Authorized Member

<u>Name</u>	Address	Type of Action
Nicholas Larrow	109 Coral Way East Apt D	□Add
	Indialantic, FL 32903	≣ Remove
		□Change
Donald Turner	5220 Martin Ln	□Add
	Melbourne, Fl. 32904	■Remove
		□Change
Chad Rich	3865 Toby Ave	□Add
	Malabar, FL 32550	■Remove
		□Change
		□Remove
		□Change
		□Add
		□Remove
	 	
		□Add
		□Remove
		□Change

		-,
		
		
		
ve c	e, if other than the date of filing: (optional)	
ectiv If th	e, if other than the date of filing:	to 605.0207 : be listed as (
	Tective date on the Department of State's records.	
d spo led.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
	1/4/22	
	Signature of a member or authorized representative of a member	