

# L 20000018022

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**Registration Section  
Division of Corporations**

T: \_\_\_\_\_  
Name of Limited Liability Company

Return all correspondence concerning this matter to the following:

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Name of Person

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Firm/Company

---

Address

City/State and Zip Code \_\_\_\_\_

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E-mail address: (to be used for future annual report notification)

ty D. Rich	321	403-5367
Name of Person	Area Code	Daytime Telephone Number

☒ \$25.00 Filing Fee      ☐ \$30.00 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)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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)

Articles of Organization for this Limited Liability Company were filed on 1/10/2020 and assigned document number 120000018022.

Amendment is submitted to amend the following:

**Amending name, enter the new name of the limited liability company here:**

Any new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Amending principal office address, if applicable:**

Principal office address MUST BE A STREET ADDRESS

**Amending mailing address, if applicable:**

Mailing 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 agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

Zip 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**

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

Manager  
= Authorized Member

Name

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

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

[illegible]

**note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/4/22.

Signature of a member or authorized representative of a member

Typed or printed name of signee