LZC CCCC 79413

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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11/12/20--01020--031 **25.00

S. YOUNG: 2001 PH 5: 42

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT GOLU	S. HOSPITAL	ed Liability Company	sllC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Nadine	Johnson Name of Person	
		Firm/Company	
	1007 Lig	ht hause Ad	
	Panama Cis	Ly Both F.	32407
	monajohnson mail address: (to	be used for future annual report notif	Geation)
For further information con	cerning this matter, please cal	II:	
Nadine Jo	DhnScn Person	at (<u>\$50</u>) <u>\$51 – (</u> Area Code Daytime	o529 e Telephone Number
Enclosed is a check for the	following amount:		
\$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)
Mailing Address: Registration Se Division of Cor		Street Address: Registration Sec Division of Con	porations
P.O. Box 6327		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cenious Hospitality Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

17.11.000	as chance charactery evaluations
The Articles of Organization for this Limited Liability (Florida document number <u>L2000074917</u>	
Tionaa document nameet [23100000]	2_ ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Sparkling Hospital The new namemust be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	1007 Lighthause Rd.
(Principal office address MUST BE A STREET ADD)	RESS) Panama City, FL. 32407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 19671 Panama City Boach Fr. 32417
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, enter the name of the new registered
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Remove
			□Change
			
			□Remove
			□Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.		
		
Íf an effecti <u>Note:</u> If t	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	07 (.) as tl
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	າຕ
Dated	Voyember 9th 2020.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00