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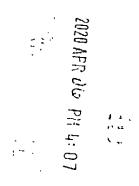


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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: ELDRED HOSPITALITY MANAC	MENT & LONSULTING GROUP, LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
WAYNEC. ELDRE	Name of Person
	Y MANAGEMENT & CONSULTING GROUP Final Company
1211 MULIANA A	Address
	Gity/State and Zip Code
WELDRED @ E.	DEDCG . COM be used for future annual report notification)
For further information concerning this matter, please cal	
Name of Person	at (786) 275 - 9144
Name of Person	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

ELDRED HUSPITALITY MANAGEMENT & CONSULTING GROUP (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 03 23 2020 and assigned Florida document number 12000088003 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELDRED HOSPITALITY MANAGEMENT & CONSULTING GROUP, LICE
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia and "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 company has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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
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	Signature of a member or authorize	of representative of a member	
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