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	Registration Sect Division of Corp			¥		
		Hospitality LLC		•		
SUBJEC	T:	Name of Limit	ted Liability Company			
The encl	osed Articles of A	mendment and fee(s) are subr	Name of Limited Liability Company d fee(s) are submitted for filing. ing this matter to the following: Name of Person Dr. P.L. Firm/Company ant Street Address den. FL 34787 City/State and Zip Code firm.com E-mail address: (to be used for future annual report notification) matter, please call: at (
Please re	turn all correspon	dence concerning this matter t	to the following:			
		Joseph Ort				
			Name of Person			
		Joseph D. Ort. P.L.				
			Firm/Company			
		1305 E. Plant Street				
			Address			RETARY OF BIRTONS
		Winter Garden, FL 34787				
			City/State and Zip Code		S 2	:
		joe@ortlawfirm.com E-mail address: (6	to be used for future annual report notific	ation)		175
For furt	her information co	ncerning this matter, please co	all:		· 1 • 7	7.
Joseph	Ort) } }
	Name of	Person	Area Code Daytime	Telephone Number	in the state of th	27.54
Enclose	d is a check for th	e following amount:				٠٠٠
≣ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of State Certified Copy	us &	
	Mailing Address	<u>s:</u>	Street Address:			

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

Blackwater Hospitality LLC (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 $\frac{\text{May }13,2020}{\text{May }13,2020}$ and assigned Florida document number L20000130042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 company has been notified in writing of this change.

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	Joseph Ort	1305 E. Plant Street	
		Winter Garden, FL 34787	□Remove
			= Change
			Remove
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			\ \ \ \ _Add
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			□Remove
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_	his amendment is to correct the Manager's name which was misspelled at the time of filing.
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ffect	we date, if other than the date of filing:(optional) ective 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 605.020
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ocun	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
d is fi	led. () 2040
	6-10-2020
Dated	
	Signature of a member or authorized representative of a member
	losenh Ort
	Joseph Ort

Filing Fee: \$25.00