120000143911

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2022 APR -7 PM 12: 4:
SECRETAIN OF STATE

A. BUTLER APR 2 2 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SUBJECT:		LODGE OF KEATON, LLC		,		
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		GREGORY K COLLINS				
			Name of Person			
			Firm/Company			
		20514 MARINA RD				
			Address			
		PERRY FL 32348				
		catahoula@fairpoint.net	City/State and Zip Code			
		- ·	to be used for future annual rep	ort notification)		
For further in	iformation c	oncerning this matter, please c	all:			
Greg Collins			850 728-10 at ()			
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$ 25.00 }	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		<u>Street Addr</u> Registratio			
Div	ision of C	orporations	Division o	f Corporations		
P.C	D. Box 632	1	The Centre	e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PIRATES LODGE OF KEATON, LLC

FILED 2022 APR - 7 PM 12: 47 (Name of the Limited Liability Company as it now appears on our record

·	TAL	LAHASSEE, Fand assigned
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/27/2020	and assigned
Florida document number L20000143911		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "I	J.C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	ter the name of the new registere
Name of New Registered Agent:		
Name Description of Office Address.		
New Registered Office Address:	Enter Florida street ada	lress
		Clo≓do
	City	Florida Zip Code
New Registered Agent's Signature if changing Pagistarad	Accounts	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AP	JENNIFER L. JOHNSON	131 LAKE CLARK RD	□Add
		JACKSON, FL. 30233	≡Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
	_		□Change
		C]Add	
			□Remove
			□Change
			DVqq
			□Remove
			Changa

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effec <u>Note:</u> If	the date, if other than the date of filing:
e record rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
)ated	APRIL 5 JOZZ
	Signature of a member or authorized representative of a member
	GREGORY K. Collins Typed or printed name of signee
	- GREGORY K. COMMO