LZ0000184152

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COVER LETTER

TO:

Registration Section
Division of Corporations

Regan Ho	spitality LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Regan		
		Name of Person	
	Regan Hospitality LLC		
		Firm/Company	
	475 Brickell Avenue apt.	4413	
		Address	
	Miami, FL 33131		
	Chrisggregan@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Christopher Regan		786 774-7591	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee. I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Regan Hospitality LLC

11447 - 27 / 116:02

(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 Compa L20000184152	ny were filed on	01.2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here	::	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<u>.</u> .
(Mailing address MAY BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our reco	ords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:		ı street address	
	rnier riorida) street adaress	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	•		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of m is provided for in Cha	v duties, and I am fo apter 605, F.S. Or,	amiliar with and if this document is
<u>It Ct</u>	nanging Registered Agent	. Signature of New Reg	istered 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>	Address	Type of Action
MGR	Leonte Regan	475 Brickell Avenue apt. 4413 Miami(FL:3313): 32	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to a lote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (le statutory filing requirements, this date will not be listed as t
record specifies a delayed effective date, but not an effective time I is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
08/24 2020	
A	
Signature of a member or authoriz	red representative of a member