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→ 18506176383



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To:

Division of Corporations Fax Number : (850)617-6383

From:

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Account Number	: 110432003053
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	ARTI	CLES OF AMENDMENT	
		ТО	
i,	ARŢIC	LES OF ORGANIZATION	7
		OF	
, KNO	CK OUT HOSPITALITY	GROUP, LLC	
·	(Name of the Limited )	Liability Company as it now appears on our records.) Flonda Linuted Liability Company)	
The Articles of Organ	nization for this Limited Liabi	ility Company were filed on 07/22/2020	and assigned
Florida document nui	mber <u>L20000206903</u>	·	
This amendment is su	ubmitted to amend the followi	ing:	
• • • • • • • • • • • • • • • • • • •			
A. II amending han	ne, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be d	istinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the obbeneties of 1 C 2
			Bic abbreviation (L.T.C.
	l offices address, if applicabl		<u></u>
(Principal office add	<u>bess MUST BE A STREET A</u>	ADDRESS)	
Il fartepat office and			
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	address, if applicable:		
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Enter new mailing a (Mailing address M.	address, if applicable: <u>1<i>Y BE A POST OFFICE BO</i></u>	<u></u>	
Enter new mailing a <u>(Mailing address Ma</u> B. If amending the	address, if applicable: <u>17 BE A POST OFFICE BO</u> registered agent and/or regi	stered office address on our records, <u>enter the</u>	e name of the new registe
Enter new mailing a <u>(Mailing address Ma</u> B. If amending the	address, if applicable: <u>1<i>Y BE A POST OFFICE BO</i></u>	stered office address on our records, <u>enter the</u>	ename of the new registe
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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.

→ 18506176383

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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Manager	Cancel, Joey	1030 NE 83rd Street	🗆 Add
		MIAMI, FL 33138	XIRemove
			🗆 Change
			🗆 Add
		🗆 Remove	
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		CiRemove	
			🗆 Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effo Note: I	ve date, if other than etive date is listed, the date if the date inserted in thi ent's effective date on th	must be specific and o s block does not me	cannot be prior to da set the applicable	te of filing or more that statutory filing requ	(optional) In 90 days after filing iirements, this date	.) Pursuant to 605.0207 (3
he record	l specifies a delayed effe	ctive date, but not a	n effective time.	at 12:01 a.m. on the	earlier of: (b) TF	e 90th day after the
ord is file	ta.					
ord is file			2023			
		rus	··			
	August 8	rus Signature of a mo	··	I représentative of a m	ember	
ord is file	August 8	Signature of a m	ember or authorized	f representative of a m	enter	