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C. GOLDEN 0CT - 5 2020

COVER LETTER

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SUBJECT:	CESAR AF		* 4	`		•	
SOBVECT.			nited Liability Cor	пралу	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
The enclose	d Articles of	Amendment and fee(s) are sub	bmitted for filing	.			
	CESAR ARRIAGA LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person						
		LOVETTE DOBSON					
		<u></u>	Name of F	ersor			
		INCFILE.COM LLC					
			Firm/Com	pany			
		17350 STATE HWY 249	STE 220				
			Addres	SS			
		HOUSTON, TX 77064					
		FEU F122 (CINICEU E CO	Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: ETTE DOBSON Name of Person FILE.COM LLC Finn/Company 0 STATE HWY 249 STE 220 Address STON, TX 77064 City/State and Zip Code 1234@INCFILE.COM E-mail address: (to be used for future annual report notification) 13 this matter, please call: 14 (855				
							
For further is	nformation co			ire an	nuai report notii	ication)	
LOVETTE	DOBSON			,	829-9090		
	Name of	Person		Code	Daytime	: Telepho	one Number
Enclosed is a	ı check for th	e following amount:					
■ \$25.00 F	Filing Fee		Certified	Cop	У		Certificate of Status & Certified Copy
Reg Div P.C	gistration S vision of Co). Box 632	ection Orporations 7		Reg Divi The	istration Sec sion of Corp Centre of Ta	oratio allahas	see
Tal	lahassee, F	L 32314		241:	5 N. Monroe	Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SAR ARRIAGA LLC ZUZU	A!'` 19 PH 5: 56
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number L20000225320		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
BESPOKE HOSPITALITY SERVICE LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	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)		
3. If amending the registered agent and/or registered	office address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City , FIOTIC	Zip Code

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.

Learnending 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
			□Add
			Remove
			□Change
			□Add
			□Remove
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