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COVER LETTER

TO;

Tallahassee, FL 32314

TO: Registration So Division of Cor			
K & G HO	SPITALITY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter	_	
	KENNETH GUNN, JR		
		Name of Person	
	K & G HOSPITALITY, L	LC	
		Firm/Company	
	2907 TANBARK CT		
		Address	
	TAMPA, FLORIDA 3361	0	
		City/State and Zip Code	
	kjgunn44@gmail.com E-mail address: (to be used for future annual report no	stification)
For further information c	oncerning this matter, please c	all:	
Henry G. Gyden, Esq.		813 493-4181	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	_		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tatlahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & G 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 October 12, 2020 ____ and assigned Florida document number L20000322967 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.

_, Florida _

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
AMBR	KENNETH GUNN, JR.	2907 TANBARK CT	■Add
		TAMPA, FL 33610	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		 	□Remove
			□Change
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Secondary House Secondary at 1995	I . C P2'			
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blacement's effective date on the Discounsert.	t be specific and cannot be prior ock does not meet the applic	r to date of filing or more that cable statutory filing requ	n 90 days after filing.) Pursua	nt to 605.02 t be listed
record specifies a delayed effective is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th o	iay after t
Dated June 12	2021	·		
The D.	N was			
- 	Signature of a member or auth			

1. 4. 4. 6.

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Filing Fee: \$25.00