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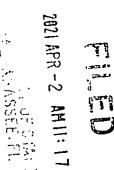
(Re	equestor's Name)	•
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Garnett 1	Restaurant Group LLC	·	
SUBJECT:			
•	Name of Lim	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:	
	Karnardo Garnett		
		Name of Person	
	LegalJourney Law Firm		
		Firm/Company	
	2002 W Cleveland St., ST	• •	
Address			
	Tampa, FL 33606		
		City/State and Zip Code	
	service@legaljourney.com		
		to be used for future annual report not	ification)
	oncerning this matter, please c		
Karnardo Garnett		813 344-5	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	· ·	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garnett Restaurant Group, LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L. L20000373836	iability Company	were filed on	11/30/2020	and ass	igned
This amendment is submitted to amend the following	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company he	<u>re</u> :		
Legacy Hospitality Companies, LLC					
he new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the di	esignation "LLC" o	r the abbreviation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A			
				207	
Enter new mailing address, if applicable:		N/A		R-2 A	
(Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or regent and/or the new registered office addre		address on our re	ecords, <u>enter th</u>	e name of the nev	v registe
Name of New Registered Agent:	N/A 				
New Registered Office Address:	N/A				
		Enter Flor	ida street address		
			, Flori	da	
		City	,	Zin Coda	

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.

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
	N/A		
			□Remove
			□Change
			□Remove
		 	□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□ Change
			□Add
		 	□Remove
			□Change

(optional)	
f filing or more than 90 days after filing.) Pursuant to 605.	
2:01 a.m. on the earlier of: (b) The 90th day after	the
oat	(optional) of filing or more than 90 days after filing.) Pursuant to 605 attutory filing requirements, this date will not be listed 12:01 a.m. on the earlier of: (b) The 90th day after the expresentative of a member

ET E COS OF

Typed or printed name of signee