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## **COVER LETTER**

	Registration Se Division of Cor			·,
SUBJEC				
осторы	••	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Patrick Cottrell		
			Name of Person	- 1.00 m
		on of Corporations  Decial Hospitality Group LLC  Name of Limited Liability Company  Patricles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:  Patrick Cottrell  Name of Person  Social Hospitality Group LLC  Firm/Company  PO Box 2292  Address  Minneola, Florida 34755  City/State and Zip Code p.cottrell@sculpturehospitality.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  Name of Person  at (561) 385-3372  Area Code  Daytime Telephone Number		
		Firm/Company		
		PO Box 2292		
			Address	<u></u>
		Minneola, Florida 34755		
			inneola, Florida 34755  City/State and Zip Code	
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For furthe	r information co		-	ncation)
Patrick Co		5 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	561 385-3372	
	Name of	Person		e Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Social Hospitality Group LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our red Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 2-22-2021	and assigned
Torida document number L21000087151	•	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	LESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered	office address on our records on	tor the name of the most make a
gent and/or the new registered office address here:	omec address on our records, em	ter the name of the new register
Name of New Registered Agent:		9: 28 F. F.L
New Registered Office Address:		
*	Enter Florida street ada	iress
<del></del>		Florida
	City	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.

If Changing Registered Agent, Signature of New Registered 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>	Name	Address	Type of Action
MGR	B.Profit Solutions LLC		<u> </u>
			□Add
		PO Box 2292 Minneola Fl 34755	Remove
			Change
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			🗆 Remove
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Patrick Cottrell		-		•		
		Typ	ed or printed pan	ne of signee		

Filing Fee: \$25.00