L21000259853

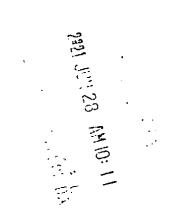
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COVER LETTER

TO:

то:	Registration Sec Division of Corp		p	
	ADC Hospi		·	,
SUBJE	CT:	Name of Limi		
		Amendment and fee(s) are sub-		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Amalia Caraballo		
			Name of Person	
		ADC Hospitality LLC		
			Firm/Company	
Name of Person ADC Hospitality LLC Firm/Company 4534 Thornwood Cir Address Palm Beach Gardens, Fl 33418 City/State and Zip Code amaliamerchan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
			City/State and Zip Code	
		= =		
				otification)
For furt	her information co	oncerning this matter, please ca	all:	
Amalia Caraballo				
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for th	ne following amount:		
≘ \$25	5.00 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 Addres		Street Address: Registration S	Section
Registration Section Division of Corporations			Division of C	
	P.O. Box 632	.7	The Centre of	
	Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADC 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 ______ and assigned Florida document number <u>L21000259853</u> 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 "L.L.C." 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 City

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 th 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMALIA CARABALLO	4534 THORNWOOD CIR	□Add
		PALM BEACH GARDENS FL 33418	□ Remove
			■ Change
MGR	DOMINGO CARABALLO	4534 THORNWOOD CIR	□Add
		PALM BEACH GARDENS FL 33418	□Remove
			\exists Change
			□Add
			Change
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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	oes not meet the applicab	date of filing or more than 9 le statutory filing require	(optional of days after filing the ments, this date	g.) Pursua	int to 605.020 of be listed a
ecord specifies a delayed effective date is filed.	, but not an effective tim	e, at 12:01 a.m. on the ea	arlier of: (b)	The 90th	day after th
JUNE 17TH	2021	·· //			
	C.10 MG				