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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor)		
		Creek Resort, LLC	.	A		
SUBJE	СТ:	Name of Limi	ted Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
		ondence concerning this matter	-			
		Douglas J Burns				
			Name of Person			
		Doug Burns, P.A.				
			Firm/Company			
		2559 Nursery Road, Suite	Ą			
			Address		202 3.5	
		Clearwater, Florida 33764			2022 FEB 24 5 TALE TO A	,
			City/State and Zip Code		24	
		dburnspa@tampabay.rr.com				, 1
			o be used for future annual report noti	tication)	. ~	1 412
For furt	her information c	oncerning this matter, please ca	ill:		PM 2: 1.9	
Doug F			727 725-2553 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclose	ed 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)	Certified (e of Status &	

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

Buck Creek Resort, 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 June 9, 2021 Florida document number __L21000269160 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Continued Hospitality, LLC 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 _, Florida

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>	<u>Name</u>	Address	Type of Action
MGR	Edie Burns	2559 Nursery Road, Suite A	
		Clearwater, Florida 33764	□Remove
			☐ Change
MGRM	Karen Burns Boland		□Add
			■Remove
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Chanca

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Filing Fee: \$25.00