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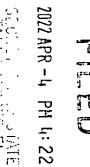
(Re	questor's Name)	
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(<i>i</i> to	uic33)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Center Cup			
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Marc Brown		
	 	Name of Person	
	23 Restaurant Services		
		Firm/Company	
	505 E Jackson ST, STE 30	2	
		Address	
	Tampa FL 33602		
		City/State and Zip Code	
	tmcnamara@23restaurants.c	com to be used for future annual report not	ification)
For further information of	concerning this matter, please co		
Teresa Menamara	-	813 230-2980	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Center Cup USA LLC

2022 APR -4 PM 4: 22

(Name of the Limited Liability (A Florida l	Company as it now appears on c Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/20/20	:ALL: :DSSSEE FE
Florida document number L21000413383	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Fore Green Hospitality LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	<u> </u>	
Enter new mailing address, if applicable:		1.0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my o ent as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the Defeated in the Defeate	t be specific and cannot be proceed does not meet the app	ior to date of filing or more t licable statutory filing rec	(optional) han 90 days after filing.) Pur quirements, this date will	suant to 605.020 not be listed a
cord specifies a delayed effective s filed.	e date, but not an effective	time, at 12:01 a.m. on the	ne earlier of: (b) The 90	th day after the
ed March 28	2022	·		
		2/h		
	Signature of a member or au	thorized representative of a	member	
Marc Brown				

Filing Fee: \$25.00