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SECRETAKY OF STATE TALLAHASSEE, FL

COVERLETTER

TO: Registration Section Division of Corporations				
SID IECT.	RAPER	, C	•	
SOBJECT:	BARgean, L. Marne of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Oscur	Zaparta Name of Person		
		Name of Person		
		Firm/Company		
	1090 NE	105 th St. Address		
	Miami Sha	City/State and Zip Code		
	<u> </u>	be used for future inual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		
Oscar Zo Name o	Person	at (305) 736 · Area Code Daytim	2967 e Telephone Number	
Enclosed is a check for th	ne 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 Addres		Street Address:	etion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of T	allahassee	

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lia	bility Company as it	now appears on oui	records.)
The Articles of Organization for this Limited Liabilit	·		,
This amendment is submitted to amend the following	<u>;</u> :		
A. If amending name, enter the new name of the l	limited liability ço	mpany here:	
The new name must be distinguishable and contain the words	Limited Liability Comp	pany," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		s on our records,	enter the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
		Enter Florida stree	t address
<u> </u>			, Florida
	City	V	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 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title Type of Action** Name Address JP Hospitality Group LCC 8743 SW 158 th Path Add Miani F1. 33193 Memore \square Λ dd □ Remove TALLAHASSEE, FL \square Add Remove __ □Change Remove □ Change \square Add □Remove

□ Change

	
E. Effec	tive date, if other than the date of filing:
(If an e <u>Note</u> :	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
f the recu ecord is (ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	$\frac{1}{\sqrt{20}} \frac{2022}{\sqrt{4}}$
	Signature of a member of authorized representative of a member
	7 11 (210) 111
	Typed or printed name of signee