

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L220001876613ABC08038

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CYAN CONSULTANTS INC.  
 Account Number : I20180000074  
 Phone : (321)718-2030  
 Fax Number : (407)650-3216

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@cyaninc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BHK HOSPITALITY LLC**

Certificate of Status	1
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Page Count	04
Estimated Charge	\$30.00

2022 MAY 27 PM 12:21

2022 MAY 27 PM 2:25

APPROVED  
AND  
FILED



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BHK 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 02/09/2022 and assigned  
Florida document number L22000068038.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BLACK RHINO HOSPITALITY AND ENTERTAINMENT 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:

NO CHANGES

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGES

(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:

NO CHANGES

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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**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>	<u>Address</u>	<u>Type of Action</u>
_____	NO CHANGES	NO CHANGES	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

