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SECRETIRY OF STATE

COVER LETTER

Division of Corpor	ations		,	
SUBJECT: REW	EGANE W	TUES & HOS ted Liability Company	SPITALITY LA	L(
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	MARIO	Name of Person	255	
	RENEG	ALE WIVES E	HOSPITALITY	
	1200 N.	SITURE DRA	JE #302	
	ST. PE	TERSBURG, F	1 33701	
-	Mariore E-mail address: (t	City/State and Zip Code NEAGLE Comor o be used for future annual report notif	SECRETARION OF TALL	، عده دستان
For further information conc	erning this matter, please ca	all:		
MAR Do Los Name of Pe	1GARAWI rson	at (702) 32d/ Area Code Daytime	-0325 Ms	
Enclosed is a check for the fo	ollowing amount:			
\$25,00 Filing Fee	□ \$30.00 Fiting 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)	

Registration Section

TO:

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

REVEGINE WI	wes E/h	SPITALITY LLC
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L220002925</u> 6	any were filed on6	30/30/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	ration "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS		v (
Enter new mailing address, if applicable:		CO TO
(Mailing address MAY BE A POST OFFICE BOX)		TATE TO THE TENT OF THE TENT O
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our recoi	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	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 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
4BR	CAMILLEL	OUCABARDI 1900 N. SITU	REDR. NE DAdd
		Address DUCABARDI <u>1900 N. S/to</u> St. Petersbu	#302 RGFL 33701 TRemove
		<u> </u>	□ Change
			Remove
			Add Dog Add
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			□Add
			□Remove
			□ Change
			□ Add
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fective date, if other than the date of filing: 30 2022	_ (optional) ays after filing.) Pursuant to 605.0207 ints, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie is filed.	er of: (b) The 90th day after the
ated <u>JULY</u> 29, <u>2022</u>	
Signature of a member or authorized representative of a member	1

Filing Fee: \$25.00