(Requestor's Name)	
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(Address)	0000002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	10/17/22016
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COVER LETTER

TO: Registration Se Division of Cor			
	PITALITY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT K WALTON		
		Name of Person	
	WALTON RAHAL CPAS	3	
		Firm/Company	
	2101 NW BOCA RATON	BLVD STE 5	
		Address	
	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
	TANSEY@WALTONCPA		
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report no all:	suncation)
KEITH WALTON		561 395-6653	
Name o	of Person		ime Telephone Number
Enclosed is a check for t	he following amount:		2022 OCT 1 SECRETAL TALLAR
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Ree. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	Vection
Registration Division of C		Registration S Division of C	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JGG HOSPITALITY LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L22000428758}{L22000428758}$.	ny were filed on 10/4/2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he 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 agent and/or the new registered office address here:	e address on our records, enter the	name of the new register
Name of New Registered Agent:		(((((((((((((((((((
New Registered Office Address:	P 17 1 13	
	Enter Florida street address, Florida	(1)/ C) C)
	, Florid:	YZip Ç od e

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.

City

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	GARETT GOODMAN	3370 NW 53RD CIRCLE	□Add
		BOCA RATON, FL 33496	
			□Add
			□Remove
			Change
			□Add
			Remove
			SEDRE TAIL ALL ALL ALL ALL ALL ALL ALL ALL ALL
			ASSERTITE Change
			□Remove
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effective date is listed, te: If the date inserte ument's effective da	the date must be spec d in this block doe	cific and cannot es not meet th	e applicable st	of filing or more that atutory filing rec	nan 90 days after	filing.) Purs	suant to 6 not be li	05.020 isted a
cord specifies a delay	ed effective date. I	but not an eff	ective time at	12:01 a.m. on th	ne earlier of: (b)) The 90t	h day af	fter th
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