L29000451411

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	J. HORNE
	JUL 2 8 2023

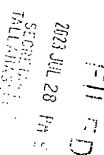
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2023 JUL 28 PH 4: 43



COVER LETTER

TO: Registration Sec Division of Corp		·	
	mina way's Brook	Kitchen LC	
SUBJECT: HCY	ningway's Bar 8	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
		Se EdmundS Name of Person	_
		Name of Person	
	Seven Hills Ho	OSPITALITY Group LLC	<u>-</u>
		Firm/Company	
	1307 N. Mai	nroe st #2	
		Address	
	Talkinass	city/State and Zip Code	
		•	
	E-mbd address: ()	nds 86 6 gmail. com	lication)
For further information or	oncerning this matter, please or		
rot tuttiet information ex	meeting this matter, prease ex	••••	
Jesse Edmu	nds	at (850) 321-8 Area Code Daytime	3432
Name of	Person	Area Code Dayume	e Telephone Number
	0.11		
Enclosed is a check for the		FIGGROOFT F. C.	☐ \$60.00 Filing Fee,
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Stulling Address		Street Address:	
<u>Mailing Addres</u> Registration S		Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Т	·• ·
ARTICLES OF C	ORGANIZATION /*// And
	OF 2023
	30/L 28 D
Harrison and Ros	ORGANIZATION OF 2023 JUL 28 PM
Name of the Limited Liability Comp	any as it now appears on our records. Yes Same
Hemingway's Bor (Name of the Edmited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 22 000456417</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
A. If amending name, enter the new name of the named ha	one Company 1991
	and the state of t
The new name must be distinguishable and contain the words "Limited Liab	hilly Company, the designation LEC. of the autheviation E.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	12.一 11.11.11.11.11.11.11.11.11.11.11.11.11.
Enter new mailing address, if applicable:	1307 N. Monroe St. #2
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303
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:	
N D. James Jacob	Edmunds
New Registered Office Address: 1307 N	. Manroe St #2
	Enter Florida strect address
Tallala	01/04 32303

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>	Type of Action
— AMBR	Jesse R. Edmunds	1307 N. Monroe St #2 Tallahoss	. ♂. 3 ⊘ [☑Add
			□Remove
			□Change
MGR	William R Pfeiffer		□Add
		3431 Bannerman Rd Ste 104 FL 3231	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

	
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(If an effe Note:	ve date, if other than the date of filing: 8/1/2023 (optional) ctive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
If the record record is file	I 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 d.
Dated _	7/28
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00