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(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 Filing Officer:

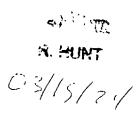




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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMOKY MOUNTAINS GATEWAY LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on11/14/2022	and assigned
lorida document number		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
SMOKY MOUNTAINS GETAWAY LLC		
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		26.7
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		<u>.</u>
nter new mailing address, if applicable:	<u> </u>	<u></u>
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
3. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	
	, Florid	Yin Code
	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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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Signature of a member or authorized representative of a member	ated 03/08/2024.	. •				
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