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## **COVER LETTER**

TO:	Registration Sec Division of Cor				a.
CHD IE	BIG GORG	LAQUINTA LLC	<i>;</i> *	•	,
SUBJE	CI:	Name of Lim	ited Liability Company		· · · ·
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Gregory Dell			
			Name of Person	<del></del>	
			Firm/Company	c	
		2625 Weston Road			
			Address		<del></del>
		Weston, FL 3331			
		gdell@diattorney.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual	report notification)	
For furt	her information co	oncerning this matter, please ea	all:		
Greg D	ell		954 699 at ( )		
	Name of	f Person	Area Code	Daytime Teleph	one Number
Enclose	d is a check for th	ne following amount:			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Ac	idress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Big Gorg Laquinta 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  $\frac{12/7/22}{1}$ and assigned Florida document number 1.22000513539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BIG GORG SPRINGFIELD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the 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 address on our records, enter the name of the newtregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 =	<b>Authorized Member</b>

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Filing Fee: \$25.00