	(Requestor's Name)
<u> </u>	(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:
-	· - · · · ·
	J. HORNE
	MAY 2 5 2023

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/24/2023				
	Merritt Wa	lker	_		
	2008		_		
	o:		AHASSE	E, LLC	
	es of Incorporation				
✓ Amer	ndment				
☐ Chan	ge of Agent				
☐ Reins	statement				
☐ Conv	ersion				
☐ Merg	er				
☐ Disso	olution/Withdrawal				
☐ Fictiti	ous Name				
Other	r				·
Authorized A	Amount:	\$25			
Signature:		mw			



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/24/2023				
Name:	Merritt Wa	lker	_		
	2008		_		
	e:		AHASSEI	E, LLC	
	es of Incorporation				
✓ Amer	ndment				
☐ Chan	ge of Agent				
☐ Reins	statement				
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Merg	er				
☐ Disso	olution/Withdrawal				
☐ Fictiti	ous Name				
Other	r				
Authorized A	Amount:	\$25			
Signature:		mw			

F: +852.2682.9790

COVER LETTER

то:	Registration Sect Division of Corpo			
C1 ! ID 18*	CYT.	AHG TALI	LAHASSEE, LLC	
SUBJE	C1:	Name of Lim	ited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	AHG TALLAHASSEE, LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for tiling. all correspondence concerning this matter to the following: Stephen Bush, Esq. Name of Person Miller Lavoie, LLP Firm/Company 1275 Peachtree Street NE Address Atlanta, GA 30309 City/State and Zip Code stephen.bush@millerlavoie.com E-mail address: (to be used for future annual report notification) iformation concerning this matter, please call: Stephen Bush Name of Person Area Code Area Code Daytime Telephone Number		
			Stephen Bush, Esq.	
			Name of Person	
			Miller Lavoie, LLP	
			Firm/Company	
		127	75 Peachtree Street NE	
			Address	
			Atlanta, GA 30309	
		•		ication)
For furt	her information cor			
	Ster	ohen Bush	at (770)402-17	57
	Name of I	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
□ \$ 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

TO:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 May 24 50 8

AHG TALLAHASSEE, 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 O	Company were filed on FEBRUARY 7, 2023 and assigned
Florida document numberL23000058061	_ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new</u> dress here:
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability.
	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
MGR	Artemis Hotel Group, LLC	600 Village Trace	⊡ Add
		Marietta, GA 30067	⊐ Remove
			Change
MGR	William L. Watson	600 Village Trace	
		Marietta, GA 30067	⊒ Remove
			Change
			☐ Add
		·	□ Remove
			Change
			Remove
			Change
			🗖 Remove
			Change
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			Remove
			□ Change

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ote: If the da	e, if other than the date of te is listed, the date must be speci- ate inserted in this block does fective date on the Departmen	not meet the applicable	late of filing or more the e statutory filing requ	(optional) in 90 days after filing.) Pursua iirements, this date will no	int to 605,0207 t be listed as
	ecifies a delayed effect day after the record is f		n effective time,	at 12:01 a.m. on the	e earlier o
ated	May 24	2023			
	J.	th Cinatrin			

Page 3 of 3

Filing Fee: \$25.00