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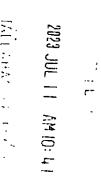
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co	ection rporations	•			
CILID IN ANY	HO HOSPITALITY LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	COREY ROSE				
		Name of Person			
	CCN HOSPITALITY LLC	2			
		Firm/Company			
	11520 CROWNED SPAR	ROW LN			
		Address			
	TAMPA, FLORIDA 3362	6			
		City/State and Zip Code			
	crose@bensonhospitality.co				
	E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
ROB CARVALHO		727 601-9985			
Name	of Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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

2023 JUL 11 AM 10: 41 CARVALHO HOSPITALITY LLC

(Name of the Limited Liability Compa (A Florida Limited)	tny as it now appears on our records.) Liability Company) A[I AR(cr. t.	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000268455}{1.23000268455}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Form W. M. W. W.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROB CARVALHO	10929 CARNELIAN LN	■Add
		RIVERVIEW, FL 33578	□Remove
			□Change
AMBR	COREY ROSE	11520 CROWNED SPARROW LN	
	TAMPA, FL 33626	TAMPA, FL 33626	□Remove
			■ Change
			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Document's effective date.	ock does not r	neet the applic	able statutory f	or more than 90 di Iling requireme	(optional) ys after filing.) Pu nts, this date wil	rsuant to 605.0207 (I not be listed as th
e record specifies a delayed effective d is filed.	date, but not	t an effective ti	me, at 12:01 a.	m. on the earlie	r of: (b) The 90	Oth day after the
Dated		2023				
×11100		•	·			
	\cap	1				
	Signature of a	member of author	orized representa	tive of a member		