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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	lina Officar:	1
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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of C	orporations	•	
Bush Gar	den Hospitality, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Charles R. Gryll		
		Name of Person	
	Name of Person		
		Address	
	Lincolnwood, IL 60712		
		City/State and Zip Code	
	= 7	to be used for future annual report no	tification)
For further information		·	,
Charles R. Gryll			
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of P.O. Box 63	Section Corporations 327	Registration So Division of Co The Centre of	orporations Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L23000510077	Liability Company	y were filed on Nove	mber 9, 2023	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	oility company here	;	
Blessed Dream Hospitality, LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		No Change		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		No Change		
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our reco	ords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	No Change			
New Registered Office Address:	No Change			
		Enter Florida	street address	
		· · · · · <u>· · · · · · · · · · · · · · </u>	, 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 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>	Name	Address	Type of Action
	No Changes		□Add
			[]Change
			□Remove
			[]Change
			□Add
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			☐Change
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			□Remove
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			[]Remove
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Filing Fee: \$25.00