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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations				
	PITALITY, LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JUSTIN HIGGINS				
		Name of Person			
	CLK HOSPITALITY, LL	C			
		Firm/Company			
	1000 RIVERSIDE AVEN	UE, SIXTH FLOOR			
	Address				
	JACKSONVILLE, FLORI	IDA 32204			
		City/State and Zip Code			
	JHIGGINS@CORNERLO				
	E-mail address: (	to be used for future annual report notifi	(cation)		
For further information	concerning this matter, please c	all:			
JUSTIN HIGGINS		904 383-9525 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	the 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 Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLK HOSPITALITY, LLC	ny ac it now appears on our record	15.)
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	iability Company)	15. /
The Articles of Organization for this Limited Liability Company	were filed on <u>04/24/2024</u>	and assigned
Florida document number L24000190729		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	
Enter new principal offices address, if applicable:		24 MAY 2:
(Principal office address MUST BE A STREET ADDRESS)		2 1
		23
		F 3 5
Enter new mailing address, if applicable:		2 <b>2</b>
(Mailing address MAY BE A POST OFFICE BOX)		## <b>2</b>
Maning anaress MAT DE ATOST OFFICE BOA		
B. If amending the registered agent and/or registered office a	ddress on our records, enter	the name of the new regi
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 addre:	88
	ជ	orida
	- Cirv	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KELLEY D. SLAY	1984 RIVER ROAD	<b>=</b> Add
		JACKSONVILLE, FLORIDA 32207	□Remove
			□Change
MGR	RICHARD J. SPILLETT	6804 LINFORD LANE	■Add
		JACKSONVILLE, FLORIDA 32217	Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

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