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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Div	ision of Cor	porations		,		
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SOBJECT		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Mauricio Sotelo				
			Name of Person			
Name of Person Bookohotel LLC Firm/Company 1395 Brickell Avenue Suite 800 Address Miami Florida, 33131 City/State and Zip Code mauricio.sotelo@bookohotel.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pablo Oyanguren 346 260 9033 at ()						
Firm/Company						
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Mauricio Sotelo					
		·	Address			
Address Miami Florida, 33131						
		mauricio.sotelo@bookohot	·			
		-		ication)		
For further i	nformation c	oncerning this matter, please ca	all:			
Pablo Oyan	guren					
	Name o	d Person	Area Code Daytime	Telephone Number		
Enclosed is:	a check for th	ne following amount:				
■ \$25,00 I	filing Fee		Certified Copy	Certificate of Status &		

TO:

Registration Section

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

nnany as it now annears on our records)	
upany as it now appears on our records.) ed Liability Company)	
my were filed on 9/25/2006	and assigned
iability company here:	
iability Company," the designation "LLC" or	the abbreviation "L.L.C."
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	nter the name of the

	00
Enter Florida street address	57
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	iability company here: iability Company," the designation "LLC" or find the designation "LLC

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, <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	Renata Barros	1395 Brickell Ave. Suite 800	■ Add
		Miami Florida, 33131	Adu
			□ Remove
			Change
AT	LOZANO HERNANDEZ, JULIAN DAVID	1395 Brickell Ave. Suite 800	□ Add
		Miami Florida 33131	
			■ Remove
			□ Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00