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C. LEWIS

MAY - 8 2009

EXAMINER

" COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:					
		SPITALITY, LLC ited Liability Company			
	Amendment and fee(s) are sub	_			
	JUAN A. FIGUEROA				
	Name of Person				
JUAN A. FIGUEROA, PA, CPA					
		Firm/Company			
	1428 BRI	CKELL AVENUE, SUITE 20	6		
	Address				
MIAMI, FLORIDA 33131					
	City/State and Zip Code				
JUAN@JAFCPA.COM E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please o				
JUAN A. FIGUEROA		at (305) 4	48-5844		
Name of	Name of Person Area Code & Daytime Telephone Numb		Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

FILED

2009 MAY -7 PM 1: 32

(Name of the Limit	BRC HOSPIT	ALITY, LLC	SECRE on our rec ial s) AH	TARY OF STATE ASSEE-FLORIDA
The Articles of Organization for this Limited Florida document number L070000	Liability Company			and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	:	
The new name must be distinguishable and end v "L.L.C."	with the words "Limi	ted Liability Compan	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if app	licable:	N/A		
(Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>			
B. If amending the registered agent an registered agent and/or the new registered			r records, enter	the name of the new
Name of New Registered Agent:	N/A			
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DIR	ROSENDO LARREA	8525 SW 100TH STREET MIAMI, FLORIDA 33156	
			Add Remove
			<u> </u>
			F-17
D. If an	nending any other information, ente	er change(s) here: (Attach additional sheets, if nece	ssary.)
			2009 MAY -7
Dated	APRIL 30,		PH 1: 32
	/	member or authorized representative of a member ANCA R. CABRERA LARREA Typed or printed name of signee	D _A 2

Page 2 of 2

Filing Fee: \$25.00