

L140000062308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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17 JAN -6 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 9 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hotel Staffing Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. Reich

Name of Person

Lawrence, Kamin, Saunders & Uhlenhop, L.L.C.

Firm/Company

300 S. Wacker Drive, Suite 500

Address

Chicago, Illinois 60606

City/State and Zip Code

dreich@lksu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Reich

312 924-4246
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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**

Hotel Staffing Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/16/2014 and assigned
Florida document number L14000062308.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

11238 S. Orange Blossom Trail

Orlando, Florida 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

11238 S. Orange Blossom Trail

Enter Florida street address

Orlando

City

, Florida 32837

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Leslie Dasch	515 N. Virginia Avenue	☐ Add
		Winter Park, Florida 32789	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
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Pursuant to 605.0207(3)
will not be listed as the
on the earlier of:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 1, 2017

David Rosen

Signature of a member or authorized representative of a member

David L. Reich, attorney

Typed or printed name of signee

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

David R. Perry

Signature of a member or authorized representative of a member

Typed or printed name of signee

on the earlier of:

FILED
JAN - 6 PM 4:53
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA