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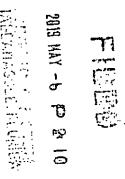
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JOHN TROOP

COVER LETTER

TO:

Registration Section

Div	rision of Co.	rporations			1	
SUBJECT:	HOSPITAI	LITY MANAGEMENT CONC	CEPT LLC			
		Name of Lim	nited Liability Compan	у		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		WAYNE C. GOLDING S	R. ESQ.			
		THE GOLDING LAW GR	Name of Perso	n		
		311 NORTH ROSALIND	Firm/Company	,		
		ODLANDO SI DOIDA O	Address	· · · · · · · · · · · · · · · · · · ·		
		ORLANDO, FLROIDA 32				
		waynegjd@yahoo.com	City/State and Zip (
For further in	iformation c	E-mail address: () oncerning this matter, please co	to be used for future as all:	nnual report notificat	ion)	
Wayne C. G			407 at (574-8691		
	Name o	f Person	Area Code	Daytime Te	lephone Number	_
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Copy (additional copy	ру	□ \$60.00 Filing B Certificate of Certified Cop (additional copy	Status & y
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	Reg Div Clif 266	REET/COURIER istration Section ision of Corporatio fon Building I Executive Center ahassee, FL 32301	r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOSPITALITY MANAGEMENT CONCEPT 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 02/01/2018 2019 HAY - b and assigned
Florida document number L18000028853
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
HOSPITALITY MANAGEMENT CONCEPTS LLC
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)
,
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 n
registered agent and/or the new registered office address here:
New CN B 14 14
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Sip 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:

<u>Title</u>	Name	4.4.4	
	<u>r-ame</u>	Address	Type of Action
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ective date, if other than the date effective date is listed, the date must be stee: If the date inserted in this block dument's effective date on the Depart	specific and cannot be prior does not meet the applications.	able statutory filing requir	(option 90 days after rements, this	filing.) Pursuant to 605.02
record specifies a delayed eff he 90th day after the record	fective date, but no is filed.	t an effective time, a	at 12:01 a	a.m. on the earlier
MAY 3RD	2019		> !	
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- Rook	ature of a member or publi	orized representative of a me	mher	