## L18000183491

Office Use Only



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Effective - 09/01/2018

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJ	` ECT:	Marco Hospitality			
		Name of Limi	ted Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Pleaso	e return all correspo	ndence concerning this matter t	to the following:		
		JAMES	F DAVISON IV		
			Name of Person		
		Marco Hos	pitality Solutions, LLC		
Firm/Company					
851 SCOTT DRIVE					
			Address		
		MARCO IS	SLAND, FLORIDA 341	45	
City/State and Zip Code					
accounting@marcohs.com  E-mail address: (to be used for future annual report notification)					
For fu	irther information c	oncerning this matter, please ca		,	
JAMES F DAVISON IV  Name of Person			at ( 239-825-519	0	
				ytime Telephone Number	
Enclo	sed is a check for the	ne following amount:			
<b>□</b> \$	25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

## MARCO HOSPITALITY SOLUTIONS LLC

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)	<del>,                                      </del>	
The Articles of Organization for this Limited Liability Comp.  Florida document numberL18000183491	any were filed on	7/31/2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company he	ere:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			<b>18</b> SE	
(Principal office address MUST BE A STREET ADDRESS	5)		90 SE	
			7 E	
Enter new mailing address, if applicable:			PH 1:	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	77 70 70 70 70 70 70 70 70 70 70 70 70 7	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		i our recorus, <u>ente</u>	er the name of the ne	
New Registered Office Address:	Enter Flo.	rida street address		
		, Florida		
	City	<u> </u>	Zip Code	
New Registered Agent's Signature, if changing Registered Agentered	ent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of as provided for in C	<sup>r</sup> my duties, and I an Chapter 605, F.S. O	n familiar with and r, if this document is	

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>	Address	Type of Action
DIRECTOR/ MANAGER	JOHN L WILKERSON	4928 NW FINTSTONE AVENUE	MAdd
		PORT ST. LUCIE, FLORIDA 34983	☐ Remove
			Change
PRESIDENT/ OWNER	JAMES F DAVISON IV	851 SCOTT DRIVE	<b>L</b> Add
OWNER		MARCO ISLAND, FLORIDA 34145	Remove
			Change
MGR	THERESA DAVISON	851 SCOTT DRIVE	
		MARCO ISLAND, FLORIDA 34145	A Remove
			Change
MGR	DAVID P STRONG	671 SOUTH BARFIELD DRIVE	🗆 Add
		MARCO ISLAND, FLORIDA 34145	Remove
			Change
			Remove
			Change
			🗆 Add
			🗆 Remove
			Change

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ective date, if other effective date is listed te: If the date insert cument's effective date	l, the date must be spe ted in this block do	eitic and cannot be es not meet the a	e prior to date of applicable stat	filing or more that utory filing requ	( <b>optiona</b> n 90 days after filin irements, this dat	ig.) Pursuant to 6	05,020 sted a.
record specifies he 90th day aft			it not an ef	fective time,	at 12:01 a.m	. on the ear	lier o
ed	08	/ 25 / 2018	·				
			Jas	nes f Davise	on N		
	Signati	ure of a member of	r authorized rep	resentative of a n	ember		

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Filing Fee: \$25.00