P13000015759

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A New Dire	ction Hotels Inc	•
DOCUMENT NUMBER: P1300002575	9	
The enclosed Articles of Amendment and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Maura Patricia Do	ominguez	
	Name of Contact Persor	l
A New Direction I	Hospitality Inc.	
	Firm/ Company	
3449 NE 1st Ave	#L42	
	Address	
Miami, FL 33137		
	City/ State and Zip Code	•
maura@andhospitalit	tv.com	
•	ed for future annual report	notification)
For further information concerning this matter, pleas		
Maura Patricia Dominguez	at (786	_, 2020786
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

A New Direction Hotels Inc).			
(Name of Corporation as cur	rrently filed with the Flo	rida Dept. of State)		-
P13000025759				
(Document N	umber of Corporation (if k	mown)		-
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporation add	pts the followin	g amendment(s) to
A. If amending name, enter the new name	of the corporation:			
A New Direction Hospitality	Inc.			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	n "Corp," "Inc," or "Co	". A professional corporat		bbreviation
B. Enter new principal office address, if an	nnlicable.	N/A		
(Principal office address MUST BE A STRE				-
			<u> </u>	-
			 .	_
C. Enter new mailing address, if applicab		N/A		. 5
(Mailing address <u>MAY BE A POST OF I</u>	<u>FICE BOX</u>)			- は 基盤
				- 福 三流
				- 60 SEC.
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the name	of the	
Name of New Registered Agent N	/A			بر . این این این این این این این این این این
				•
	(Florida street	address)		
New Registered Office Address:		, Florida		
	(City)	,,	(Zip Code)	-
New Registered Agent's Signature, if change	ging Degistered Agent:			
I hereby accept the appointment as registered		h and accept the obligations	of the position.	
Signat	ure of New Registered Ag	ent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	
N/A	(ве ѕресінс)
IN/A	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s)	adoption: 4/1/13
Effective date if applicable: 4	/1/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 4/1/13	3
Signature	Maura Donnigue,
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Maura Patricia Dominguez
	(Typed or printed name of person signing)
	President
	(Title of person signing)