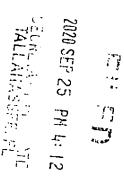
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE NOV 01 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: (1)	Hospitality U	C	
•	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Aleja	ndno Ri(O Name of Person	,
	np Har	PITELLITY LLC Firm/Company	
	18460 r	VE 19th COURT	
	North N	liami Brach, Fl. City/State and Zip Code	33179 FRANCE 25
	E-mail address: (t	o be used for future annual report notifical	
For further information co	oncerning this matter, please ca	dl:	son)
Al-Ljandi Name of	70 Qi(O Person	at (18U) 504 - Area Code Daytime Te	elephone Number
Enclosed is a check for th	e 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)
<u>Mailing Address</u> Registration S		Street Address: Registration Section	an
Division of C		Division of Corpor	
P.O. Box 632	•	The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000231565</u> .	were filed on <u>08 03 20</u>	∑ and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u> na	ame of the new	registered
Name of New Registered Agent:		020 S	
New Registered Office Address:	Enter Florida street address	EP 25	1
	, Florida	SE P	.]
New Desirtand Agent's Cioneture if shareing Desirtand Agent	City	Zip Code	· me
New Registered Agent's Signature, if changing Registered Agent:		11 N	

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 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>Name</u>	Address	Type of Action
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	Non Th Miami Beach, FL33	179 Remove
		[ivChange
Juan palacios	18460 NE 19Th CORT	🗀 Add
	North Miumi Beach, Fl. 331	<u>ng</u> ⊓Remove
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		□Change
		□Add
		□Add
		□ Change
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		Remove
	Alejandro rico	Alejandro Rico 18440 NE 19th court North Miami Beach, FL33 Juan palacios 18440 NE 19th court

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	ctive date, but not	an effective time	e, at 12:01 a.m. or	n the earlier of: ((b) The 9	0th day a	fter the
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