PALCICIC HUG

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SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ALBA HOSPITA RATION:	LITY, INC.	
DOCUMENT NUM	P21000007669 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	THIERRY SAVINEAU		
	MCR PARTNERS, INC.	Name of Contact Persor	1
	20533 BISCAYNE BLVD (Firm/ Company 1301)	
	MIAMI, F1, 33180	Address	
	MCRPARTNERS@YAHOC	City/ State and Zip Code O.COM	e
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
THIERRY SAVINE.	AU	786	607-2005
Name	of Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

ALBA HOSPITALITY, INC.

FILED

ALBA HOST HALL LINE.		- 9
(Name of Corpor	ration as currently filed with the l	Florida Debt. Philippe)
P21000007669	SE	PDE TO T
11)0	SE cument Number of Corporation (if	ALLIAN STATE
(1)0	eunen Number of Corporation (ir-	Marshing SSEE, FL
ursuant to the provisions of section 607.1006, Flos Articles of Incorporation:	rida Statutes, this Florida Profit Co	orporation adopts the following amendment(
. If amending name, enter the new name of th	e corporation:	
		The new
ime must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "I chartered," "professional association," or the al	nc," or "Co". A professional co	corporated" or the abbreviation "Corp.," orporation name must contain the word
. Enter new principal office address, if applica	ible:	
Principal office address <u>MUST BE A STREET</u> A		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY	
(muning data is bear the ATOST OFFICE	<u> </u>	
		
. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent		
	(Florida street address)	
	(i sis site the cer time cor)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
and Deminstered Access Chamber of the	0 14 1	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered ager		re abligations of the position
		and the second s
	ignature of New Registered Agent, i	if changing
Check if applicable		

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PST	ELFRIEDE FETT	2451 BRICKELL AVENUE (#7K)
_			MIAMI, FL 33129
X Remove			
2) Change	PST	ANDRE ALFONSI	2451 BRICKELL AVENUE (#7K)
X Add			MIAMI, FL 33129
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

Attac	ending or adding additional Articles, enter change(s) here: \(\additional \) sheets, if necessary). (Be specific)	
		_
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		_
		_
		_
<u>.</u>		_
		_
fan	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
prov	isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	
		_
		_
		_

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requiremepartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/22/202	1	
Dated		
selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary) ANDRE ALFONSI	ve not been or other court
	(Typed or printed name of person signing) DIRECTOR	
	(Title of person signing)	