

LD5000014709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

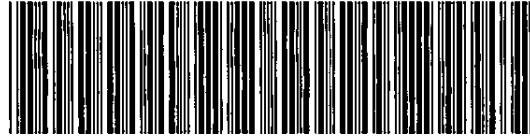
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AM 1:8 2015
BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2014

NANETTE LEVI
14640 NW 60TH AVE
MIAMI LAKES, FL 33014

SUBJECT: HOTELIER CONSULTING SERVICES, LLC
Ref. Number: L05000014709

We have received your document for HOTELIER CONSULTING SERVICES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00026544

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotelier Consulting Services
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nanette Levi
Name of Person
Hotelier Consulting Services
Firm/Company
14640 NW 60th Ave
Address
Miami Lakes, FL 33014
City/State and Zip Code
Nlopezlima@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nanette Levi at 305 2199745
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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)

MAILING ADDRESS:
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

Hotelier Consulting Services, 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 2/11/2005 and assigned
Florida document number LO5000014709

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Angel Pis duDot	14640 NW 60 th Ave Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Agustin Rojas	14640 NW 60 th Ave Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Ambr	Miguel Pis-Benitez	14640 NW 60 th Ave Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Angel Pis-Dudot	14640 NW 60 th Ave Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jackie Espinosa	14640 NW 60 th Ave Miami Lakes, FL 33014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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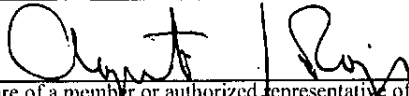
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____,



Signature of a member or authorized representative of a member

Agustin J. Rojas

Typed or printed name of signer