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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

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Div	ision of Corp	oorations	•	
SUBJECT:	SAGE HOS	PITALITY, LLC		
Sebuber.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
r rouge roturn	un concapor	idence concerning this matter	to the following.	
		Rosemarie Bacallao, Esq.		
			Name of Person	<u> </u>
		Fromberg, Perlow & Korni	ik, P.A.	
			Firm/Company	
		20295 NE 29th Place, Suite	e 200	
			Address	
		Aventura, Florida 33180		
			City/State and Zip Code	
		rbacallao@fpk-law.com		
		E-mail address: (t	to be used for future annual report notifica	ition)
For further in	nformation co	encerning this matter, please ca	ıll:	
Rosemarie B	Bacallao		305 933-2000 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

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

SAGE HOSPITALITY, LLC	conversit now opposes on our records	
(A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L08000090153	y were filed on 09/22/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
S3 HOSPITALITY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16 OCT 26
(Principal office address MUST BE A STREET ADDRESS)		SION OF
Enter new mailing address, if applicable:		2:
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ee o	tive date, if other than the date of filing: (optional)
an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
ocu	ment's effective date on the Department of State's fectords.
e ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
111	e 90th day after the record is filed.
	October 24 2016
ate	d October 24
	Signature of a member of authorized representative of a member
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ROSEMARIE BACALLAO, ESQ.

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Filing Fee: \$25.00