L10000651456

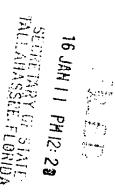
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600280683976

01/11/16--01009--003 **25.00



JAN 12 2016 J SHIVERS

COVER LETTER

Division of Corporations
SUBJECT: Expoships Hospitality Services, LLC 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:
David Lester Name of Person
Expoships LLLP Firm/Company
199 East Flagler St # 1760
Miami, FL 33131 City/State and Zip Code
DLester (v Scorairmiami. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 272 - 5851 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

EXPOSITION MONY (Name of the Limited Llab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 100081976	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin EXPOSHIPS HOSPITALITY The new name must be distinguishable and contain the words "Li	mited liability company here: SCYVICES LLC. mited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida S R
	City 7 Tel 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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
·			□ Add	
			□ Remove	
			☐ Change	
			□ Add	
			□ Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	
			□ Add	
			□ Remove	
			Change	
			Remove	
			Change	
		 	Add	
			☐ Remove	

_ Change

,		
		<u></u>
		
		
	(
	No.	
	> \(\tau_{\text{order}} \)	JAN
	\$ S S S S S S S S S S S S S S S S S S S	
		Pr
		2
	ONIBA ONIBA	2
	>	
and an all the second and all the second and the second	ć N	
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Purs	uant to 605.02
e: If the date inserted in this block does not meet the applicable statutory ament's effective date on the Department of State's records.	filing requirements, this date will i	not be listed
•		
ecord specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on t	he earlier
ne 90th day after the record is filed.		
10 = 07		
1000000000000000000000000000000000000		
.//.//		
NVW/11 letk.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00