

L 10000170112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

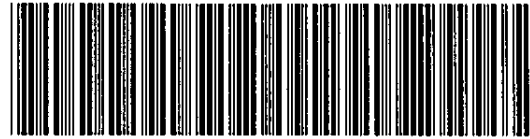
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600267232416

12/17/14--01014--003 **25.00

FILED
14 DEC 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Interessant Hospitality, 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:

Meghan Stuart

Name of Person

Interessant Hospitality, LLC

Firm/Company

5734 S. Semoran Blvd

Address

Orlando, FL 32822

City/State and Zip Code

mstuart@ihrmc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan Stuart

321 302-5837

Name of Person

at (_____)_____
Area Code

Daytime Telephone Number

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

14 DEC 17 AM 14:13
Zip Code

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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

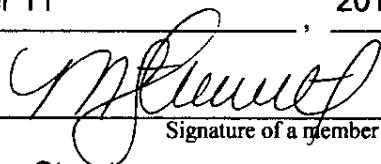
14 DEC 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 December 11, 2014



Signature of a member or authorized representative of a member

Meghan Stuart

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 DEC 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA