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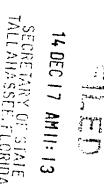
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COVER LETTER

TO:	Registration Sec Division of Corp		* * * * * * * * * * * * * * * * * * *	•	
eud i	Interessa	nt Hospitality, LLC	4.		
SUBJECT:Name of Limited Liability Company					
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return all correspon	ndence concerning this matter	to the following:		
		Meghan Stuart			
			Name of Person	 	
		Interessant Hospitali	ity, LLC		
			Firm/Company		
		5734 S. Semoran Bl	vd		
			Address		
		Orlando, FL 32822			
			City/State and Zip Code		
		mstuart@ihrmc.com			
		E-mail address: (t	to be used for future annual report notific	cation)	
For fu	rther information co	oncerning this matter, please ca	all:		
Meg	han Stuart		321 302-5837		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	e following amount:			
■ \$2	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

Interessant Hospitality, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <mark>ny as it now appears on our records.</mark>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000130112</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5734 S. Semoran Blvd
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32822
	5704 O. O
Enter new mailing address, if applicable:	5734 S. Semoran Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32822
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	HAZ C
	Enter Florida street address SS , Florida SS
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete	wee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			·
			D Add
			□ Remove
			
			□ Add
			□ Remove
			14 Prove SECRETA
			SSEC OF AM
			DAdd V
			> □ Remove
		 	
			
			□ Remove

f amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
·	
ffective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receipt or filed date and he date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated December 11 , 2014 .	
$($ ~ 0.0 $/$ ~ 0.0	
I Willeut	
Signature of a number or authorized representation Stuart	entative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIL TALLAHASSEE FLORID