

L11000029890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

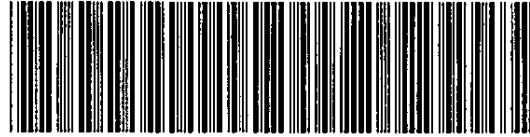
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 JUN 12 PM 2:37

JUN 12 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PRIVATE LABEL MANAGEMENT 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:

WALID SFEIR

Name of Person

Firm/Company

1200 Collins Avenue

Address

Miami Beach, Florida 33139

City/State and Zip Code

wsfeir@privatelabelhotels.com

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

For further information concerning this matter, please call:

Walid Sfeir

Name of Person

at (**305**) **582-4129**

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)

PAID

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

WALID SFEIR
1200 COLLINS AVE
MIAMI BEACH, FL 33139

SUBJECT: COMPANET-SFEIR CONSULTING, LLC
Ref. Number: L11000029890

We have received your document for COMPANET-SFEIR CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

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 call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 714A00010866

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 12 PM 2:37

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COMPANETSFEIR CONSULTING 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 03/10/2011 and assigned
Florida document number L11000029890.

This amendment is submitted to amend the following:

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

PRIVATE LABEL MANAGEMENT LLC

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)

14 JUN 12 PM 2:37
DIVISION OF REVENUE
STATE OF FLORIDA

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: WALID SFEIR

New Registered Office Address: 1200 COLLINS AVENUE

Enter Florida street address

MIAMI BEACH, Florida 33139
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

MGR = Manager
AMBR = Authorized Member

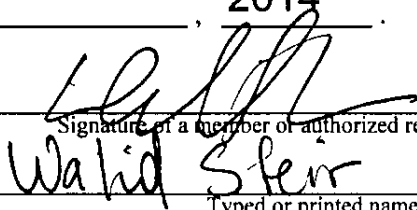
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DIVISION OF
REMOVED
APPROVED

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 JUNE 02, 2014


Signature of a member of authorized representative of a member
Walid Steir
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DIVISION OF REGISTRATION