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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RITTER, ZARETSKY & LIEBER, LLP

Account Number : I20010000015 Phone : (305)372-0933 Fax Number : (305)704-8111

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu



John A, Ritter (1942-2010) Louis D. Zaretsky Oren Lieber* Vivian A, Jairne Elena Otero *Also Admitted to New York Bar 2915 Biscayne Blvd Suite 300 Miami, FL 33137 305-372-0933 Phone 305-704-8219 Fax www.rallaw.com

E-Fax: 305-704-8219 E-Mail: omolina@rzilaw.com

Date:

February 3rd, 2012

To:

FLORIDA DEPARTMENT OF STATE

Receiver's Fax No:

850-617-6383

From:

Olga Molina, Paralegal

Re:

HOSPITALITY INVESTING GROUP, LLC

Number of Pages:

The contents of this communication are attorney-client privileged and should be treated as confidential.

Attached are copies of the following documents, with regard to the above captioned matter:

1. Electronic Filing Cover Page, Cover Page and documents relative to the filing of the Amendment to Articles and Sunbiz Print-out.

Thanking you in advance for your anticipated courtesy and cooperation and should you have any questions or need further documentation, do not hesitate to contact me at your convenience.

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	HOSPITALITY IN	IVESTING GROUP,	LLC		
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filling.			
Please return all corre	spondence concerning this matter	r to the following:			
		OREN LIEBER, ESQ.			
		Name of Person			
	RITTER ZA	RETSKY LIEBER & JAI	ME, LLP		
		Firm/Company			
	2915 BI	SCAYNE BLVD., SUITE	300		
		Address			
	M	IIAMI FLORIDA 33137			
		City/State and Zip Code			
	OLI	EBER@RZLLAW.COM			
		to be used for future annual report.	notification)		
For further information	n concerning this matter, please (call;			
	-		r		
	N LIEBER, ESQ.	at (305)	372-0933		
Nam	e of Porson	Area Code & Da	ytims Telephone Number		
Enclosed is a check fo	r the following amount:	•			
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ILING ADDRESS:	STREET/COV Registration Se	URIER ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

No. 2375 P. 4 FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012 FEB -3 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

HOSPITA	LITY INVES	STING GROU	P, LLC		
(Name of the Limited (A	Liability Compa- Florida Limited I	ny as it now appear .iability Company)	s on our records.)		
The Articles of Organization for this Limited Li Florida document numberL11000129		were filed on	11/14/2011	and assigned	
This amendment is submitted to amend the follo	owing:		,		
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	ter new principal offices address, if applicable:		2915 Biscayne Blvd., Suite 300		
(Principal office address MUST BE A STREE	TADDRESS)	Miami, Florida 33137			
·			, , , , , , , , , , , , , , , , , , , 		
Inter new mailing address, if applicable:		2915 Biscayne Blvd., Suite 300			
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33137			
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	or registered of fice address her Oren Liebel	<u>re</u> :	our records, <u>enter t</u>	ne name of the ne	
New Registered Office Address:	2915 Biscay	yne Blvd., Suite	300		
	Enter Florida street address				
		Miami	, Florida	33137	
 -		City		Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			•	
I hereby accept the appointment as registere	d agent and agr	ee to act in this c	apacity. I further agr	ee to comply with	

He Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 608, 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.

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member **Title** Name Address Type of Action **MGRM** FRANK E. ORENSTEIN 7417 S FLAGLER DRIVE ∐ Add 🔽 Remove W PALM BEACH, FLORIDA 33405 MGRM **CG BONAVENTURE** 2915 BISCAYNE BLVD. 🖊 Add Resort LLC SUITE 300 Remove MIAMI, FLORIDA 33137 □ Add ☐ Remove □ Add Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date of changes to this amendment is January 4th, 2012. January 4th Dated Signature of a member or authorized representative of a member OREN LIEBER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00