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SECRETARY OF STATE

B. BOSTICK

APR 1 0 2012

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: International Hotel Company, UC 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:
Sandre Gonzale 2
International Hotel Company, UC
8725 NW 18 Terr, Ste 301
Doral R 33172  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Gonzalez ar 305 421-1658 mg p
Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certificate of Status \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certificate of Status \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$

## MAILING ADDRESS:

<u>.</u>

Registration Section

The 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNAT	IONAL HOTEL COMPANY LL	C	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 12/15	5/2011 and assigned	
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)	SE SE	
		2 B T	
		SSS 19	
Enter new mailing address, if applicable:		mo - M	
(Mailing address MAY BE A POST OFFICE BOX		FES 3	
		: 20 ATE	
		A	
B. If amending the registered agent and/or re		rds, enter the name of the new	
registered agent and/or the new registered office a	address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	<u> </u>	Florida	
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Mar MGRM = M	nager Ianaging Member			
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
MOR	Sordia E	3. Gonzalez	28725 NW 18 TERRATE DoIN FE 33172	Add Remove
MBR	Sandor J	. Winkler	8725 NW 18 Tell Ste 307 Doral FL 33172	Add Remove
<u>S</u> _	Sandra	B. Gonzale	\$725 NW 18 TeN	Add Remove
<u>P</u>	Sandar S	1. Winkler	8775 NW 18 TENY Att 301 DOVON FL 33172	Add Remove
				Add Remove
<del></del>				Add Remove
D. If amend	ling any other informa	ation, enter change(s	s) here: (Attach additional sheets, if necessary.)	12 APR
 Dated <u>3</u> [	), March	, 201°	LORIDA	
	Sandra	aB. G	raphforized representative of a member  On 2012 Secvetary  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00