

2110001411 ff

(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



600268086126

01/08/15--01017--008 **25.00

FILED
15 JAN - 8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers JAN 20 2015



Harris J. Shain, Esq.
hshain@tenzer.com

1001 Brickell Bay Drive
Suite 1812
Miami, Florida 33131
T 305 400 7995
F 305 400 7993
www.tenzer.com

January 5, 2014

VIA UNITED STATES POSTAL SERVICE

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Articles of Amendment to Articles of Organization of International Hotel
Company LLC (Document No. L11000141188)**

To Whom It May Concern,

Included herewith please find Articles of Amendment to Articles of Organization of International Hotel Company LLC and a check in the amount of Twenty-Five and 00/100 Dollars (\$25.00) for the filing fee. If you have any questions or require any additional assistance, please do not hesitate to contact me.

Thank You,

A handwritten signature in black ink, appearing to read 'H. Shain', followed by a long horizontal flourish.

Harris Shain

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

International Hotel Company 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 12/15/2011 and assigned
Florida document number L11000141188.

This amendment is submitted to amend the following:

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

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)

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:

New Registered Office Address:

Enter Florida street address

, 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 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

FILED
15 JAN - 8 AM 8:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	Sandra B. Gonzalez	8400 NW 33 Street, Suite 403	<input type="checkbox"/> Add
		Doral, Florida 33122	<input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

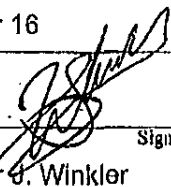
15 JAN - 8 AM 8:59

FILED

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 16, 2014



Signature of a member or authorized representative of a member

Sandor G. Winkler

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN - 8 AM 8:59