L11000141188

06/22121

| (Req | uestor's Name) | |
|---------------------------|------------------|-----------------|
| (Add | ress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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|----------------|---|--|---|
| | | al Hotel Company LLC | |
| SUBJECT: | | Name of Lin | nited Liability Company |
| The enclose | ed Articles of | Amendment and fee(s) are sub | omitted for filing. |
| Please retur | n all correspo | ondence concerning this matter | to the following: |
| | | Federico Dumenigo | |
| | | - | Name of Person |
| | | Dumenigo Law | |
| | | | Firm/Company |
| | | 11410 N Kendall Dr., Suit | e 311 |
| | | - | Address |
| | | Miami, Florida 33176 | |
| | | | City/State and Zip Code |
| | | fdumenigo@dumenigolaw. | to be used for future annual report notification) |
| For further | information c | oncerning this matter, please c | all: |
| Federico Di | umenigo | | 786 5687241 B |
| | Name o | f Person | Area Code Daytime Telephone Number |
| Enclosed is | a check for th | ne following amount: | 1 |
| ■ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee ☐ \$ Certified Copy Certificate of Status & Certified Copy ☐ tadditional copy is enclosed) |
| Re Di P. | ailing Addres egistration S vision of C O. Box 632 dlahassee, I | Section Torporations 7 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| International Hotel Company LLC | | |
|---|---|---------------------------|
| (<u>Name of the Limited Liz</u> (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on December 15, 2011 | and assigned |
| Florida document number L11000141188 | · | |
| his amendment is submitted to amend the following | ā: | |
| A. If amending name, <u>enter the new name of the</u> | limited liability company here: | |
| he new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or the ab | obreviation "L.I.,C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AL | ODRESS) | 10001 |
| | y. | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registe | ered office address on our records, <u>enter the nam</u> | |
| gent and/or the new registered office address her | <u>re</u> : | 2021 |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | 2 ラ |
| | , Florida | ∵. Æip Code |
| | City | iži p 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|------------------------------|-----------------|
| MGR | Marisel Perez | 8400 NW 33 Street. Suite 403 | □Add |
| | | Doral, Florida 33122 | ■Remove |
| | | | Change |
| MGR | Mary Cabassa | 8400 NW 33 Street, Suite 403 | = Add |
| | | Doral, Florida 33122 | □Remove |
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| fective date, if other than the d | ate of filing: | (op | otional) 🍃 🗀 |
| fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloo | e specific and cannot be prior to date | of filing or more than 90 days at | ter filing.) Pursuant to 605.02 |
| cument's effective date on the Dep | artment of State's records. | mandly ining requirements, t | 24 |
| | | | |
| record specifies a delayed effective is filed. | late, but not an effective time, a | 12:01 a.m. on the earlier of: | (b) The 90th day after to |
| med May 12 May 12 | 2021 | | |
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| / 3 | gnature of a memoer of authorized | representative of a member | |

Filing Fee: \$25.00