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## COVER LETTER

TO:

TO: Registration S Division of Co	rporations				
SUBJECT: Hospitality	y Evolution Resources, LLC  Name of Limi	ited Liability Company			
		isa biasmy company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Evelyne S Oreskovich				
		Name of Person	, <u>.</u>	•	
	Hospitality Evolution Reso	ources, LLC			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	•	
	6411 Old Medinah Circle			2015 MAY	(2)
		Address		A	4.2
	Lake Worth, FL 33463			SS	1
	evelyne@her-consulting.co	City/State and Zip Code m		PH 4: 45 CEFFLORIDA	1
		to be used for future annual report notifi	cation)	: 55	
For further information	concerning this matter, please ca	all:			
Evelyne S Oreskovich		561 327-8995 at ( )			
Name	of Person		Telephone Number	r	
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)	Certified	ite of Status &	
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURI Registration Sectio Division of Corpor	n		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hospitality Evolution Resources, 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 15 Feb 2012 and assigned Florida document number L12000022291 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hospitality E Resources, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." no change 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager	
AMRD = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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May 8th	2015			
ated	, <u></u>			

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Typed or printed name of signee

Filing Fee: \$25.00