112000088777

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400267505764

12/22/14--01031--021 **60.00 * -

T4 DEC 22 PH 12: 57
SECRETGRY OF STATE
ALLAHASSEE FLORIDA

Lanvers JAN 0 6 7015





September 5 2014

Division of Corporations PO Box 6327 Tallahassee FL 32314

Dear Sir's or Madam,

Please find a check in the amount of \$60 made payable to the Florida Department of State for the total amount of the filing fee, certificate of status and certified copy. Please accept this letter and documentation as notification of new member of NSHCORP LLC.

If any additional information is needed please call me:

Patton McGinley 15841 SW 48th Mnr. Miramar FL 33027

Sincerely,

C, Patton McGinley 305-968-0700

NSHCORP LLC 110 East Broward Blvd Suite 1700 Fort Lauderdale FL 33301

FL Document # L12000088777

COVER LETTER

TO: Registration Section Division of Corpo			
NSHC	ORP L.L.C.		
SUBJECT:		ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Charles P. M	1cGinley	
	-	Name of Person	
	NSHCORP L	L.C.	
		Firm/Company	
	110 East Bro	oward Blvd. Suit	e 1700
		Address	
	Fort Lauderd	dale FL 33301	
		City/State and Zip Code	
	pmcginley@sos-h	notels.com o be used for future annual report notif	igation)
For further information con	cerning this matter, please ca	·	icarion)
Patton McGi	nley	_{at} 305, 968-0	700
Name of P	erson		Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSHCORP L.L.C.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
the Articles of Organization for this Limited Liability Colorida document number L1200088777		and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
ne new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or t	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u>		
uning undress MAT BE A FOST OFFICE BOA		
. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		22 P
	Enter Florida street address	21 H 2
	, Florida	St. 0. 4
	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

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 **Title** Name <u>Address</u> **Type of Action** Justin Stoffregen MGR 370 NW 48th Court Fort Lauderdale, Florida 33309 ■ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove ☐ Remove ☐ Add

e effective date	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State) (optional)
ne effective date ne date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after iment is filed by the Florida Department of State)
ne effective date ne date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ne effective date ne date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after iment is filed by the Florida Department of State)
ne effective date ne date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after iment is filed by the Florida Department of State)
he effective date he date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after iment is filed by the Florida Department of State)
he effective date he date this docu bated Sept	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State) ember 5 2014

Page 3 of 3

Filing Fee: \$25.00

14 DEC 22 PM I2: 5; SECRETARY OF STAIL AHASSEE, FLORE