

L 12000089665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

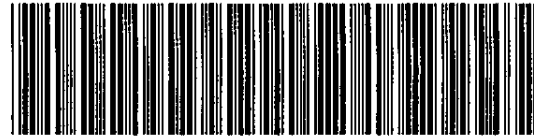
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 NOV -7 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV - 8 2012



November 5, 2012

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

RE: HSP Hospitality Management, LLC
Articles of Amendment to Articles of Organization

Dear Sirs:

In connection with the above referenced matter, enclosed please find our executed Articles of Amendment to the Articles of Organization for HSP Hospitality Management, LLC together with our check No. 1118 in the amount of \$30.00, representing payment of the fee for filing the enclosed and providing us with a Certificate of Status. Kindly return the requested Certificate of Status to the attention of the undersigned in the self-addressed, postage paid envelope provided.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Patricia R. Harris', with a large, flowing initial 'P'.

Patricia R. Harris,
Paralegal

:prh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSP Hospitality Management, LLC

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:

Patricia Harris

Name of Person

ACD of South Florida, LLC

Firm/Company

1295 U.S. Highway One

Address

North Palm Beach, FL 33408

City/State and Zip Code

pat@acdofsouthflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Harris

Name of Person

561 799-0050

at ()

Area Code & Daytime Telephone Number

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)

☐ \$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
Tallahassee, FL 32301

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

HSP Hospitality Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 NOV -7 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 10, 2012 and assigned
Florida document number L12000089665.

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 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:

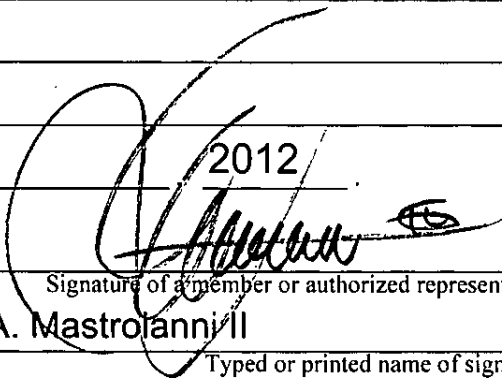
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Capital 400, LLC	1295 US Highway One	<input type="checkbox"/> Add
		North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Remove
MGRM	Capital 800, LLC	1295 US Highway One	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove
MGRM	RLY Investments 400, LLC	1295 US Highway One	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 1 2012



Signature of a member or authorized representative of a member

Nicholas A. Mastrolanni II

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00