

L12000102218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

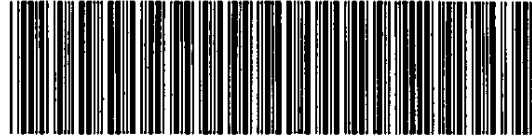
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

HOTELIER MANAGEMENT SERVICES, LLC

SUBJECT:

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:

AGUSTIN ROJAS

Name of Person

HOTELIER MANAGEMENT SERVICES, LLC

Firm/Company

550 GILLS DR SUITE 300

Address

MIAMI, FL 33014

City/State and Zip Code

LUZ@HOTELIERLINEN.COM

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

For further information concerning this matter, please call:

AGUSTIN ROJAS

Name of Person

Area Code

786

Daytime Telephone Number

287-4774

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certificate of Status

(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certificate 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

HOTELIER MANAGEMENT SERVICES, 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 08/07/2012 and assigned Florida document number L12000102218.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

550 GILLS DR SUITE 300

ORLANDO FL 32824

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

550 GILLS DR SUITE 300

ORLANDO FL 32824

(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

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

16 AUG 12 AM 11:49
SEC. OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 1. The 90th day after the record is filed.

Angel Pis-Du

Angel Pis-Dudot

Typed or printed name of signee

Filing Fee: \$25.00

19 AUG 12 1411:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA