112000109849

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

E	Division of Corp		e _e	
		TALITY GROUP LLC	•	
SOBJEC		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		CARRIE CHRISTINO		
			A GROUP LLC Name of Limited Liability Company The standard fee(s) are submitted for filing. The standard fee(s) are submitted fee(s) are sub	
		SOHO CAPITAL LLC		
			Firm/Company	
		701 S HOWARD AVE ST	TE 106-322	ity Company r filing. lowing: me of Person m/Company 22 Address ate and Zip Code for future annual report notification) 813 335-9210 Area Code Daytime Telephone Number 5.00 Filing Fee & \$60.00 Filing Fee, critified Copy Certificate of Status & Certified Copy ditional copy is enclosed) Certified Copy Certificate Of Status & Certified Copy
			Address	
		TAMPA, FL 33606		
			•	
		-		
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: CARRIE CHRISTINO Name of Person SOHO CAPITAL LLC Firm/Company 701 S HOWARD AVE STE 106-322 Address TAMPA, FL 33606 City/State and Zip Code CARRIE@SOHO-CAPITAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES BRUCK Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \Begin{array} \text{S30.00 Filing Fee} \Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) & Certified Copy				
For further	r information co	ncerning this matter, please ca	all:	
CHARLE	S BRUCK			
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed i	s a check for the	e following amount:		
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

DCI HOSFITALIT I GROUP LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Office of Organization for this Limited Liability Office of Comment number L12000109849	Company were filed on 8:27-12	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	······································
		Z Visa
		DREI ION (
Enter new mailing address, if applicable:		- 97 F
(Mailing address MAY BE A POST OFFICE BOX)		₹
		T RAS
B. If amending the registered agent and/or regis		er the name of the nev
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fiorita Street address	
	, Florida	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>	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	Add
		STE 106-322	Remove
		TAMPA, FL 33606	☐ Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
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lfane Note :	re date, if other than the date of filing:		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ear	lier of:
Dated	MAY 3 , 2018		
	GIPNQ		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00