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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: TRE	NO HOSPITA	ALITY INTL., Ited Liability Company	LLC	
	Name of Limi	led Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	D4	Name of Person	<u></u>	ng Ta
		Name of Person	TE ST	و جمعالمتان
	TRENO 40	SPITALITY INT	3 FEB 21 PA SSEE FLORIES	Caretter.
		rini/Company	9 3 3 3 3 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	. .
	1680 MERI	SIAN AVE, STE	= 101 Tak	٠ :-
		Address	ORIE	9
	MIAMI BCH	City/State and Zip Code C y ahor, Com to be used for future annual report no		
	a	City/State and Zip Code		
	dar ma Za	e yahoo, com	V	
	E-man audress. (i	to be used for future annual report no	uncanon)	
For further information of	concerning this matter, please c	all:		
DAN	MAZA	at (<u>954)</u> 232 - Area Code & Dayti	9762	
Name	of Person	Area Code & Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		INTL., L		
(Name of the Limited)	Liability Compar	ny as it now appears hability Company)	on our records.)	THE PARTY OF THE P
The Articles of Organization for this Limited Lia Florida document number	ability Company		10/05/20/20/20/20/20/20/20/20/20/20/20/20/20/	igned
This amendment is submitted to amend the follo	wing:		100 m	4.00
A. If amending name, enter the new name of	the limited liab	ility company here		Jen .
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ted Liability Compan	y," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:		<u>e</u> :	or records, <u>enter the name o</u>	
New Registered Office Address:				
New Registered Office Address.		Ente	er Florida street address	
			, Fłorida	
		City	Zip Code	1
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the n company has been notified in writing of this c	oper and comp tered agent as p egistered office	lete performance o provided for in Cha	f my duties, and I am familiar apter 608, F.S. Or, if this docu	with and ment is

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>	Address	Type of Action
MGR	CONSTANTIN	168 MERIDIAN AVE, STE MIAMI BUH, FL 33139	/0/ ★ Add
	OL NEONAL	MIAMI BUH, FL 33139	Remove
<u>/</u>			Add
			Remove
			Add
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,			_
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			Add
			Remove
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<u> </u>			[] Add
			Remove
			

. If am	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
•					
ated	2/18/2013				
	Doug				
	Signature of a member or authorized representative of a member				
	SAN MAZA (MGRM) Typed or printed name of signee				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00