

L12000142570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

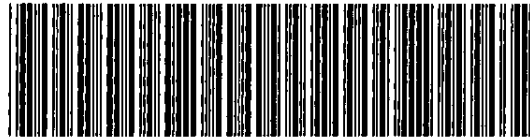
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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J. SAULSBERRY
EXAMINER

FEB 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Think Hospitality 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:

Shawn Vardi
Name of Person
Think Hospitality LLC
Firm/Company
836 21st Street
Address
Miami, FL 33139
City/State and Zip Code
SVardi@thinkproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Vardi at (516) 606-0900
Name of Person Area Code & Daytime Telephone Number

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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**

Think Hospitality 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 11/13/12 and assigned Florida document number 612000142570.

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

Title	Name	Address	Type of Action
MGRM	Hunter Bellin	32 east 32nd St.	<input checked="" type="checkbox"/> Add
		NY, NY 10016	<input type="checkbox"/> Remove
MGRM	Mark Shenel	32 east 32nd st	<input checked="" type="checkbox"/> Add
		NY, NY 10016	<input type="checkbox"/> Remove
MGRM	Shawn Vardi	32 east 32nd st	<input checked="" type="checkbox"/> Add
		NY, NY 10016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

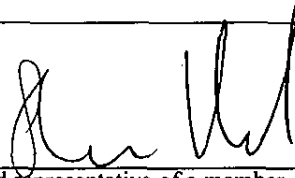
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CLERK OF STATE
TAMARA S. HESTER

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

Dated

1/23

2013



Signature of a member or authorized representative of a member

Shawn Vardi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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