· 43000055273

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TO:

Registration Section Division of Corporations

SUBJECT:

MTS 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:

Medhat T Saad

Name of Person

MTS Hospitality,LLC.

Firm/Company

14934 Deer Meadow Dr.

Address

Lutz, Fl. 33559

City/State and Zip Code

dos10369@yahoo.com

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

For further information concerning this matter, please call:

Medhat T Saad

at (863) 838-7781

Name of Person

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

	pitality,LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability (Florida document number L13000055273	Company were filed on <u>4/16/2013</u> 	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	FS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED NOV -8 PM 12: 00 ETAKE OF STATE AHASSEE, FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ords, enter the name of the nev	
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enter Flori	ida 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>	Type of Action
MGMR	Shuzhi Wang	2015 Silver Pines Cres	Add
		Gloucester,ON. Canada	Remove
		K1W1J6	_
MGMR	Jahangir Moradi Haji Abadi	2015 Silver Pines Cres	Add
		Gloucester,ON. Canada	Remove
		K1W1J6	_
		TALLAHASSEE, FLORIDA	Add Remove
			Remove
			Add
			Remove
· · · · · · · · · · · · · · · · · · ·			_ Add
			Remove

). If amending any other informa	ation, enter change(s) here: (Attach additional shee	ets, if necessary.)
 	<u></u>	
Nov.6Th		
Sig	gnature of a member of authorized representative of a me	ember
2-2	Medhat T Saad	
	Typed or printed name of signee	
	Page 3 of 3	≅ ∰ 5
	Filing Fee: \$25.00	NOV -8
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