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Florida Départment of State Division of Corporations Electronic Filing Cold Sheet	1
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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : THE LAW OFFICES OF NICK SPRA Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358 **Enter the email address for this business entity to be used annual report mailings. Enter only one email address plea Email Address:	TALLAHAS
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Wednesday	v, December 18, 2013

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTS 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 <u>L13000055273</u> and assigned Florida document number <u>L13000055273</u>.

This amendment is submitted to amend the following:

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

The new nam	e must be distinguishable and end with the words "Limited Liability Company," the designation "I	LC' or	the abb	reviation
"L.L.C."		<u> </u>	2013	
Enter new j	principal offices address, if applicable:	<u></u>	B	
<u>(Principal o</u>	fice address MUST BE A STREET ADDRESS)	: [: حر سرا م	<u> </u>	() (Cartan
		-00 m-	; œ	4
			i AR	, 1997 1997 - 1997
Enter new 1	mailing address, if applicable:	20 20 20	e U	
(Mailing ad	dress MAY BE A POST OFFICE BOX)		- F	. <u></u>

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 Fl	orida street address
		, Florida
	City	2 p Code
legistered Agent's Signature, if changing	Registered Agent.	1

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 femiliar 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 limitea liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address [vpe	of Action
MGRM	GAMAD, TAREK A	14934 DEER MEADOW DR.	Add
		LUTZ, FL 33559	Remove .
MGRM	ELMOGHAZI, DALIA N	14934 DEER MEADOW DR.	Add
		LUTZ, FL 33559	Remove
			Add
			Remove
		HASSEE FLORIDA	
			_ Remove
·····			Add
			Remove



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