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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A SHIVER DEC 0 9 2014

COVER LETTER

TO: Registration Se Division of Cor		₹ ,	j.
Hepco H	ospitality LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eesan Subramanian	1	
		Name of Person	
	HepCo Hospitality Ll	_C	
		Firm/Company	
	999 Ponce de Leon	Blvd.	
	<u></u>	Address	
	Coral Gables, FL, 33	3134	
		City/State and Zip Code	
	eesan69@gmail.com		
	E-mail address: (1	to be used for future annual report notific	eation)
For further information of	oncerning this matter, please ca	all:	
Eesan Subramania	am	786 342-8985	
Name o	f Person	Area Code Daytime	Felephone 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 (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

HepCo Hospitality LLC			
(Name of the Limited Liability Company as it n (A Florida Limited Liability Company)	ow appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were fill Florida document number L13000070088	ed on 05/13/2013	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability cor	npany here:		
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or th	e abbreviation "I	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 adregistered agent and/or the new registered office address here:	dress on our records, <u>ente</u>	er the name	of the new
Name of New Registered Agent:		CRE	· 200 g
New Registered Office Address:		TARY -	ETT SHEW.
	Enter Florida street address , Florida	PH L	M
City	······································	Z Zp OB	14.8
New Peristand Agent's Signature if changing Degistered Agent.		ĆΨ.	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
- AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Shirin Alishiri	19 Grand Trunk Crst, Toronto, Ontario	Add
		M5J3A3	□ Remove
AMBR	Pirijangan Sritharan	19 Grand Trunk Crst, Toronto, Ontario	Add
		M5J3A3, Canada	□ Remove
MGRM	Eesan Subramaniam	999 Ponce de Leon Blvd, Suite 530,	🗖 Add
		Coral Gbales, FL, 33134	Remove
		A C	☐ Remove
			DEC TO Add
		Print -	Cl_Remove
			🗖 Add
			Remove

. If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	
Dated 104 26/2014, 2014.	
Signature of a member or withorized represer	Stative of a mamber
Shirin Alishiri	MANAC OF A HIGHINGS
Timed or printed name of sig	200

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE