

L13000172820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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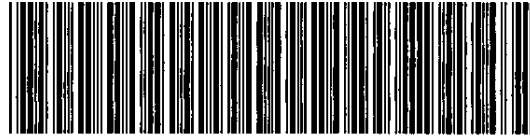
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB - 5 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Hospitality Investors Group, 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:

Meghan Stuart
Name of Person

Global Hospitality Investors Group
Firm/Company

9500 Satellite Blvd, Suite 140
Address

Orlando, FL 32837
City/State and Zip Code

mstuart@ihrmc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan Stuart at (321) 302-5837
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

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SECRETARY OF STATE

Global Hospitality Investors Group, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	International Hospitality Investors Group	522 Cressa Circle Cocoa, FL 32926	☐ Add ☐ Remove
* Name should be: International Hospitality <u>Investors</u> Group			
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
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U.S. DEPARTMENT OF JUSTICE

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 24th, 2014



Signature of a member or authorized representative of a member

Meghan Stuart

Typed or printed name of signee