43000172820

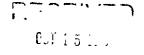
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oit)/Otate/2ip/=None #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
/
Special Instructions to Filing Officer:

Office Use Only



200319232442

10/16/18--01049--011 **25.00



2018 OCT 15 PHILLIO

M. MILLIGAN OCT 20 2018

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	јест: <u>4/0</u>	bal Hospitali Name of Lim	ty Investors Grandel Liability Company	oup
The e	enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please	e return all corresponde	ence concerning this matter	to the following:	
		Мед	han Strart Name of Person	
		Global	Hospita City Inve	estors Group
		54015	Kirkman Rd Address	Ste. 740
		Orla	Ndo, FL 32819 City/State and Zip Code	
	-		ART @ THRMC. to be used for future annual report no	COM tification)
For fi	urther information conc	erning this matter, please ca	·	
	Meghan S Name of Pe	From	at (407) 42 Area Code Daytin	20-7954 me Telephone Number
Enclo	sed is a check for the fo	ollowing amount:		
) (s:	25.00 Filing Fee I	□ \$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

Global Hospitality Investors Group, 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 11/09/15 and ass Florida document number L13000172820 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 contain 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

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nizar A Mitha	5401 S. Kirkman Road Suite 740 Orlando, FL 32819	= Add
			□ Remove
			□ Change
AMBR	Lawrence Usher		Add
		5401 S. Semoran Blvd Suite 740 Orlando, FL 32819	■ Remove
			Change
			Add
		-	☐ Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
			Change

				
<u></u>				
				-
<u> </u>			_	
			_	
				· -
				
	-			
	- -			
				
ective date, if other than the effective date is listed, the date m	e date of filing:		(opt	tional)
te: If the date inserted in this i	block does not meet the	applicable statutory	g or more than 90 days aft / filing requirements, th	er filing.) Pursuant to 605.02 iis date will not be listed :
ument's effective date on the	Department of State's re	ecords.		
record specifies a delaye he 90th day after the re	≥α eπective date, b ecord is filed.	ut not an effect	ive time, at 12:01	a.m. on the earlier
•				
ed October 8.	2018			
M				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00