

L14000015690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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16 OCT -7 PM 4:22

DIVISION OF CORPORATIONS

O SIMMONS

OCT 07 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

ALYSON CRUZ
1804 8TH LN
PALM BEACH GARDENS, FL 33418

SUBJECT: HOSPITALITYFAB CONSULTING, LLC
Ref. Number: L14000015690

2017 OCT -7 PM 4:16

We have received your document for HOSPITALITYFAB CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 616A00020347

COVER LETTER

**TO: Registration Section
Division of Corporations**

HospitalityFAB Consulting, LLC

SUBJECT: _____
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:

Alyson Cruz

Name of Person

HospitalityFAB Services, LLC

Firm/Company

1804 18th Lane

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

hospitalityfab@yahoo.com

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

For further information concerning this matter, please call:

Alyson Cruz

561 503-7646

at (_____) _____

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

TO
ARTICLES OF ORGANIZATION
OF

HospitalityFAB Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 1/29/2014 and assigned
Florida document number L14000015690

This amendment is submitted to amend the following:

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

HospitalityFAB Services, LLC

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)

Box 18th Lane
Palmer Beach Gardens,
FL 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as
above

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:

Alyson Cruz

New Registered Office Address:

Box 18th Lane

Enter Florida street address

Palmer Beach Gardens Florida 33418

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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joel Cruz	1804 18th Lane	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens,	<input type="checkbox"/> Remove
		FL 33418	<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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9/15/2016

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

October 3rd, 2016

Signature of a member or authorized representative of a member

Alyson Cruz
Typed or printed name of signer