

L14000049775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

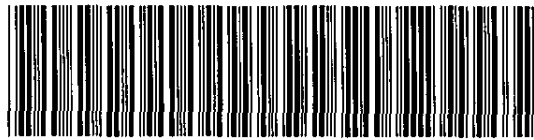
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ASANO WILCOX
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2014 AUG -7 PM 4:15

RECEIVED
OFFICE OF STATE
SECRETARY OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -7 PM 1:45

FILED

AUG - 8 2014

T. BROWN



ACCOUNT NO. : I20000000195

REFERENCE : 248497 4302440

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 7, 2014

ORDER TIME : 3:44 PM

ORDER NO. : 248497-005

CUSTOMER NO: 4302440

DOMESTIC AMENDMENT FILING

NAME: SB HOSPITALITY LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 AUG -7 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SB 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 March 25, 2014 and assigned Florida document number L14000049775.

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 end with 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

_____, Florida _____

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

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:

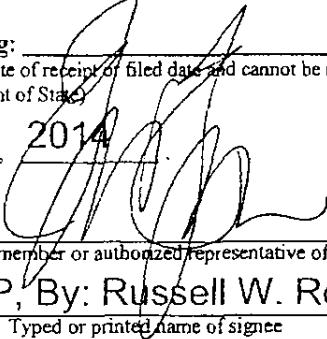
MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MVS HOTELS CORP.	C/O: Russell W. Rosen, Esq.	<input type="checkbox"/> Add
		555 Fifth Ave., 11th FL., NY, NY 10017	<input checked="" type="checkbox"/> Remove
MGR	Mansuhbir Chohan	555 Fifth Avenue, 11th FL	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 August 7, 2014



Signature of a member or authorized representative of a member
MVS HOTELS CORP, By: Russell W. Rosen, Esq.

Typed or printed name of signee