

L14000089814

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000156445 3)))



H150001564453ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383 LEU

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOTELX DORAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2015 JUN 25 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
15 JUN 25 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2015
Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hotelex Doral, 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 06/04/2014 and assigned Florida document number L14000089814

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

City

Florida

Zip Code

2015 JUN 25 AM 8:41 REGISTERED AGENT ALL HASSLE FREE

FILED

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HOTELEX AIRPORT, LTD	THE PHOENIX CENTRE GEORGE STREET	<input type="checkbox"/> Add
		BELLEVILLE ST MICHAEL, XX BARBA-DOS XX	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hotelex Properties, LLC	c/o Homer Bonner Jacobs, P.A. Attn: George Befeler, Esq.	<input checked="" type="checkbox"/> Add
		1200 Four Seasons Tower 1441 Brickell Avenue	<input type="checkbox"/> Remove
		Miami, Florida 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 JUN 25 AM 8:41
 STATE OF FLORIDA
 COUNTY OF DADE
 DEPARTMENT OF REVENUE
 1000
 1000

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

2015 JUN 25 AM 8:41
 FILED
 CLERK OF SUPERIOR COURT
 WILLIAMSBURG, VIRGINIA

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 June 23 _____, 2015



 Signature of a member or authorized representative of a member

 WILLIAM HAMMAN
 Typed or printed name of signer