

L15000006454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 JUN 26 AM 11:41
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 29 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miami Hospitality Solutions, 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:

RAFAEL GAMA

Name of Person

MIAMI Hospitality Solutions, LLC

Firm/Company

17100 COLLINS Ave #221

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

RGAMA@ROLLINS.EDU

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

For further information concerning this matter, please call:

RAFAEL GAMA

Name of Person

at (305) 709-8447

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Miami Hospitality Solutions, 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 01/12/2015 and assigned
Florida document number L45000006454.

This amendment is submitted to amend the following:

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

N/A

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)

17100 Collins Ave #221

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17100 Collins Ave #221

SUNNY ISLES BEACH, FL 33160

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:

RAFAEL GAMA

New Registered Office Address:

17100 Collins Ave #221

Enter Florida street address

SUNNY ISLES BEACH

City

Florida

33160

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 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>
AMBR	RAFAEL GAMA	3040 NE 190th st #217	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FERNANDO BARROS	3040 NE 190th st #217	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUARDO ROCHA	3060 NE 190th st #310	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 JAN 26 AM 11:44
TALLAHASSEE
FILED

2015 JAN 27
ALLIANCE

(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)

FILED
2015 JAN 26 AM 11:31
FBI - NEW YORK
RECEIVED
JAN 26 2015
U.S. DEPT. OF JUSTICE
FBI - NEW YORK
Pursuant to 605.2207 (3)(b)
will not be listed as the

Dated MAY 13th, 2015

AMINE A OUZZINE

Filing Fee: \$25.00