

215 0000 09482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

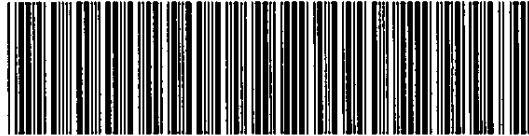
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/16--01024--030 **60.00

16 JUN -2 AM 6:59
SECRETARY OF STATE
FALLASSISTANT OFFICE



Board Certified by the
Florida Bar in Immigration
and Nationality Law

American Immigration
Lawyers Association

Ramon Carrion
Florida Civil Law Notary

Gerald P. Seipp

RAMON CARRION, P.A.

Attorney at Law

PINELLAS/TAMPA office:

28050 U.S. 19 North, Suite 202
Clearwater, Florida 33761
Telephone: (727) 799-9855
Telefax: (727) 683-9148

SKYPE: ramon.carrion3

Em-mail Address
contact@carrionlaw.com
<http://www.carrionlaw.com>

June 1, 2016

VIA USPS EXPRESS MAIL

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ladies and Gentlemen:

Please find enclosed the following in duplicate:

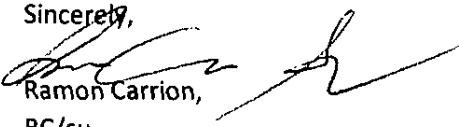
Duly Executed Articles of Amendment to Articles of Organization of Nabina Hospitality, LLC amending its name to: The Plaza Hospitality, LLC.

In addition, we are enclosing our company check in the amount of \$ 60.00 for Filing fee, Certificate of Status and Certified copy.

Please feel free to contact us should you have any questions.

Telephone: 727-799-9855 email: contact@carrionlaw.com or by mail at the above address.

Sincerely,


Ramon Carrion,
RC/su

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

NABINA 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 01/15/2015 and assigned Florida document number L1500009482.

This amendment is submitted to amend the following:

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

THE PLAZA HOSPITALITY, 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)

28163 U.S. 19., NORTH

SUITE 303

CLEARWATER, FL 33761

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NABINA HOSPITALITY ,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:

Ramon Carrion
(Name of Person)

Ramon Carrion, P.A.
(Firm/Company)

28163 U.S. 19 North Suite 303
(Address)

Clearwater, FL 33761
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Carrion at (727) 799-9855
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

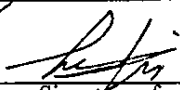
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 31 May, 2016.



Signature of a member or authorized representative of a member

Mansoor E. NABINA

Typed or printed name of signee

RECEIVED
MAY 31 2016
6 JUN - 2 AM 8:58
MILWAUKEE COUNTY