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FEB 1 9 2015

T. HAMPTON

# **COVER LETTER**

TO: Registration Section Division of Corp.	
Lot 6 Hosp	pitality, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Jeffrey J. Pardo, Esq.
	Name of Person
	Pardo Gainsburg, PL
	Firm/Company
	200 SE First Street, Suite 700
	Address
	Miami, Florida 33131
	City/State and Zip Code
	jpardo@pardogainsburg.com  E-mail address: (to be used for future annual report notification)
For further information con	encerning this matter, please call:
Jeffrey J. Pardo, Es	sq. 305 358-1001
Name of	
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

Lot 6 Hospitality, LLC		
( <u>Name of the Limited Liability</u> (A Florida	y <u>Company as it now appears on our records.</u> ) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 1/22/15 and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.I	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	TALE	
	LAFE	5 ¥
Enter new mailing address, if applicable:	TAF	1.178.1.1788
(Mailing address MAY BE A POST OFFICE BOX)	SEE P	7 6
	FIG. W	O
	RA L	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of	f the nev
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> **Name Address** Type of Action MGR Richard Lacey 7357 NW Miami Court □ Add Miami, Florida 33150 Remove MGR Richard Dacey 7357 NW Miami Court Add A Miami, Florida 33150 □ Remove ☐ Add ☐ Remove ☐ Remove □ Add ☐ Remove

• ` ;	
effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)  February 11  A 2015	
ective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)  ed  February 11  Signature of a member or authorized representations.	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

