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JUL 07 2015 J SHIVERS

COVER LETTER

Division of Corporations
SUBJECT: Hospitality TRANSition 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:
William K. Stock Name of Person
Hospitality TRANSition Solutions Firm/Company
17008 SW Ambrose Way
Port SAINT Lucie Florida 34986 City/State and Zip Code
bill. Stock be GMAIL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William K. Stock at (443) 745-8435 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \text{\$\subseteq \text{S55.00 Filing Fee & Certificate of Status}}\$\$ \$\subseteq \text{\$\subseteq \since \since \text{\$\subseteq \since \text{\$\subseteq \since \since \since \since \text{\$\since \text{\$\since \since \si

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

Hospitality T	RAUS; +; Liability Compan Florida Limited L	on Solution y as it now appears on on iability Company)	r records.)	<u>. </u>	
The Articles of Organization for this Limited Liab	oility Company	were filed on JANK	ary 26,	2015 and as	signed
Florida document number <u>L 150000 15</u>			•		
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabi	lity company here:			
NA					
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the designati	on "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	NA			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	N/A		15 J S Con S Con S Con	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>ente</u>	She name	of the new
Name of New Registered Agent:	Willia	m K. Stock		1 2:51 SIAIE FLORID,	
New Registered Office Address:	17008	Sw Ambros	e WAY	···	
	Poat Saint	Enter Florida stre	et address	3498(Zip Code	e

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.

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:

	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			Remove
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			□ Remove
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on effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the app			90 days after	r filing.) Pu		
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	not an errec	tive time, a	at 12:01 a	a.m. on	tne e	earner
The 90th day after the record is filed.						
The 90th day after the record is filed.	<u>15</u> .					
record specifies a delayed effective date, but in the 90th day after the record is filed. and	<u>15</u> .					

Page 3 of 3

Filing Fee: \$25.00