150004/335

(F	Requestor's Name)
(A	Address)
(<i>f</i>	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
	Document Number)
	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp		* ************************************			
	HOSPITAL	TTY STAFFING TEAM LLC	,			
SUBJI	ECT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	·			
Please	return all correspor	idence concerning this matter	to the following:			
		SANDRA ZULUAGA				
Name of Person						
HOSPITALITY STAFFING TEAM LLC						
Firm/Company						
		4000 HOLLYWWOD BLVD # 555				
			Address			
		HOLLYWOOD FL, 3302	1			
		INFO@HOSPITALITYST	City/State and Zip Code AFFINGTEAMS.COM			
		E-mail address: (to be used for future annual report notifi	cation)		
For fu	nther information co	ncerning this matter, please c	all:			
SANL	ORA ZULUAGA		305 6080 3 19			
	Name of	Person	Area Code Daytime	Telephone Number		
inclos	sed is a check for the	e following amount:				
□ \$2	5.00 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

HOSPITALITY STAFFING TEAM	4 LLC		
(Name of the Limit	led Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number		filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability co	ompany here:	
The new name must be distinguishable and contain the v		npany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic			
(<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)		
			7 40
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)		
			orio D
B. If amending the registered agent and registered agent and/or the new registered o	or registered office a ffice address here:	ddress on our records,	enter the Mame of the ne
Name of New Registered Agent:	SANDRA ZULUAGA	\	
New Registered Office Address:	10727 S PRESERVE	WAY # 306	
Translated Street Ladiegs.		Enter Florida street address	
	MIRAMAR		33025

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added <u>or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RIOS MARCO	10727 S PRESERVE WAY #306	
		MIRAMAR FL 33025	Remove
			Change
AMBR	SANDRA ZULUAGA	10727 S PRESERVE WAY # 306	
		MIRAMAR FL 33025	□ Remove
			Change
TRESUR	RIOS MARCO	10727 S PRESERVE WAY # 306	
		MIRAMAR FL 33025	■ Remove
			Change
		<u> </u>	
			Remove
			Remove
			Change
			□ Remove
			☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of the effective date inserted in this block does not meet the applicable statutory figurement's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Put iling requirements, this date will	rsuant to 605.
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	ve time, at 12:01 a.m. on	the earlie
ed July 3), 2017.	~ ~	
June 1/1	1 x p m	~ 111
Signature of a member or authorized representati	tive of a member	

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Filing Fee: \$25.00