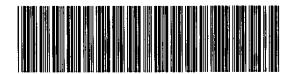
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SEP 11 2015 S. YOUNG

COVER LETTER

Division of Corp	porations		
BLOCH HC SUBJECT:	TELS LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOAQUIN MAURICIO BE	ELLO	
		Name of Person	
	BLOCH HOTELS		
		Firm/Company	
	1124 KANE CONCOURS	Е	
		Address	
	BAY HARBOR ISLANDS	3, FL 33154	ખે જાં
		City/State and Zip Code	
	mbello@waterstone-capital.		
	E-mail address: (1	to be used for future annual report notific	ation)
For further information ed	oncerning this matter, please co	all:	ration)
MAURICIO BELLO		786 2947027 at ()	<u>्र</u> सि <u>ज</u>
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

BLOCH HOTELS LIC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L15000114884}{L15000114884}$	Company were filed on 07/02/2015 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)
	ं ज
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the large
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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>	Address	Type of Action
MGR	ERICH BLOCH	6381 NW 57 AVE	■ Add
	OCALA, FL 34482	□ Remove	
			□ Change
			□ Remove
			Change
			□ Remove
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ective date, if other than the date of filin	ng:	(optional)
effective date is listed, the date must be specific ar e: If the date inserted in this block does not	nd cannot be prior to date of filing or more t	than 90 days after filing) Pursuant to 605.02
ument's effective date on the Department of		
record specifies a delayed effective	date but not an effective time	e at 12:01 a.m. on the earlier
he 90th day after the record is filed		े द
SEPTEMBER 2nd	2015 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ς ₁
SEPTEMBER 2nd ed	-, -, 	· 5
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	a member or authorized representative of a	a member

Page 3 of 3

Filing Fee: \$25.00