(500)2967

Office Use Only



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AUG 10 2015 S. YOUNG

COVER LETTER

TO:		istration Sect sion of Corp			
SUBJE	СТ	SHEPHERD	COFFEE AT DOUBLE TRE	EE BY HILTON LLC	
JUDGE	C1.	-			
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			YISHAY BEN-ZOUR		
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			benzur3@gmail.com E-mail address: (0	- 河幕四	
For furtl	her in	iformation coi	ncerning this matter, please ea		
YISHA	Y BI	EN-ZOUR		786 386-4536	
		Name of	Person	Area Code Daytime Telephone Num	ber On Co
Enclose	d is a	check for the	e following amount:		
□ \$25	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Status & fied Copy onal 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

SHEPHERD COFFEE AT DOUBLE TREE BY HILTON 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 $\frac{07/28/2015}{2}$ and assigned Florida document number L15000128967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHEPHERD COFFEE LLC AT DOUBLE TREE BY HILTON 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: 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:

MCR = Manager AMBR = Authorized Member

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Typed or printed name of signee

Filing Fee: \$25.00