

11/5/2015

L15000168430

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : 120080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INCEPTION HOSPITALITY CONSULTING, "L.L.C"**

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11/5/2015

Division of Corporations

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INCEPTION HOSPITALITY CONSULTING, "L.L.C."
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:

LEPAITRE, FABIEN

Name of Person

INCEPTION HOSPITALITY CONSULTING, "L.L.C"

Firm/Company

41 SE 5 ST SUITE 2102

Address

MIAMI, FL 33131

City/State and Zip Code

KJESERVICES@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lepatrie Fabien

Name of Person

at (917)

Area Code

7940005

Daytime Telephone Number

Enclosed is a check for the 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:

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**

INCEPTION HOSPITALITY CONSULTING, "L.L.C."

(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 11/05/2015 and assigned
Florida document number L15000168430

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

41 SE 5ST SUITE 2102

MIAMI, FL. 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

41 SE 5ST SUITE 2102

MIAMI, FL. 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LEPAITRE, FABIEN

New Registered Office Address:

41 SE 5ST SUITE 2102

Enter Florida street address

MIAMI

, Florida 33131

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.

Le paître Fabien

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>	<u>Address</u>	<u>Type of Action</u>
	NONE	1550 PENNSILVANIA AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEPAITRE, FABIEN	41 SE 5 ST SUITE 2102	<input checked="" type="checkbox"/> Add
		MIAMI FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 NOV -5 AM 9:45

FILED

ST. JOHNS RIVER OF FLA.
TALLAHASSEE, FLORIDA

FILED
15 NOV -5 AM 9:45
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11-05-15, _____

LEPAITRE, FABIEN

Typed or printed name of signee