

L16000013329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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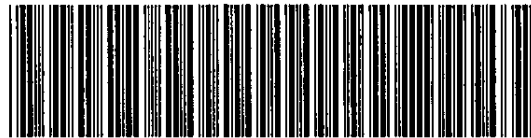
(Business Entity Name)

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LAW OFFICES  
**SCHREIBSTEIN AND TUCKER, LLC**  
50 CORPORATE CENTER  
10500 LITTLE PATUXENT PARKWAY  
SUITE 305  
COLUMBIA, MARYLAND 21044  
PHONE (443) 276-1818  
FAX (443) 276-1823

**Michael A. Schreibstein**  
*Legal Assistant*

DIRECT DIAL (443) 276-1822  
E-mail: [mike@rbslaw.net](mailto:mike@rbslaw.net)

September 19, 2017

**VIA FEDERAL EXPRESS**

Division of Corporations  
Certification Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Lakeland H2 Hospitality, LLC  
Document Number: L16000013329

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of Lakeland H2 Hospitality, LLC, and a check in the amount of \$25.00 for the cost of filing.

Please send the Articles of Amendment to the Articles of Organization to my attention. Please contact me with any questions or concerns.

Very truly yours,



Michael A. Schreibstein  
Legal Assistant to  
Richard B. Schreibstein

MAS  
Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lakeland H2 Hospitality, 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:

Michael Schreiberstein

Name of Person

Schreiberstein and Tucker, LLC

Firm/Company

10500 Little Patuxent Parkway, Suite 305

Address

Columbia, Maryland 21044

City/State and Zip Code

mike@rbslaw.net

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

For further information concerning this matter, please call:

Michael Schreiberstein

at (443) 276-1818

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Lakeland H2 Hospitality, 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 January 19, 2016 and assigned  
Florida document number L16000013329.

This amendment is submitted to amend the following:

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

Lakeland Suites, LLC

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)

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**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:

New Registered Office Address:

*Enter Florida street address*

, Florida

*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.*

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 19, 2017

Signature of a member or authorized representative of a member

Eric Tucker  
Typed or printed name of signee

Typed or printed name of signee