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2017 APR 24 PN 4: 07
SECRETARY OF STATE
ANASSEF, FLORIDA

K. SALY APR 25 2017

COVER LETTER ... *

TO:	Registration Se Division of Cor		
W. 1	Hospitali-I	Dee, LLC	
SUBJ	ECT:	Name of Limited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please	e return all correspo	ondence concerning this matter to the following:	
		Denise M. Sierra	
		Name of Person	
		Hospitali-Dee, LLC	
		Firm/Company	
		111 Herring Way	
		Address	
		Kissimmee, FL 34759	
		City/State and Zip Code	
		denise.m.sierra@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fu	rther information co	concerning this matter, please call:	
Denis	se Moraima Sierra	407 655-9444 at ()	
	Name of	at () Area Code Daytime Telephone Number	
Enclo	sed is a check for th	he following amount:	
= \$2	25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &

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

. /	FILED
· ~/~	/ ^ .
ALLAHAS	RY OF STATE SEE, FLORIDA
	SEE, FLORIDA

Hospitali-Dee, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

		NE 1 21 2017	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited	Liability Comp	any were filed on March 21, 2016	and assigned
Florida document number L16000057580			
This amendment is submitted to amend the fol	lowing:	·	
A. If amending name, enter the new name	of the limited	liability company here:	
Sierra Settings And Events, LLC.			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(Same)	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		(Same)	
(Mailing address MAY BE A POST OFFICE	(BOX)		·
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the no
registered agent and/or the new registered o	mice address	nere.	
Name of New Registered Agent:	(Same)		······································
New Registered Office Address:	(Same)		
		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: FILED MGR = Manager 2017 APR 24 PM 4: 07 AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE, FLORIDA <u>Address</u> **Type of Action Title** <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

	The only change is the
-	pane of LCC.
	New Name:
_	SIERRA SETTINGS AND EVENTS, LLC.
_	
_	SECOND .
_	PSTA 22
_	E.E.OF & F. OF STATE
-	
	;
lf an effe Note:	April 12, 2017 (optional) ctive 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) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	April 19th Olyse M. Hetter
	Franchisco et a manuface ou broth adried manuaganilative et a manuaganilative
	Signature of a member or authorized representative of a member Denise Moraima Sierra

Page 3 of 3

Filing Fee: \$25.00