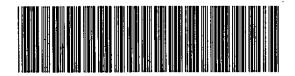
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp			
	NGINEERING & HOSPITAL	LITY SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	-	
		Name of Person	<u> </u>
	GLOBAL & ENGINEERI	NG & HOSPITALITY SERVICES L	LC
		Firm/Company	
	8835 CYPRESS RESERV	E CIR	
		Address	
	ORLANDO FL 32836		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ıll:	
YALELL ELEYSSAMI Name of	Person	at (407) 492- Area Code Daytime	9272 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:

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

CONSULTING & GLOBAL HOSPITALIT	Y SERVICES LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 07/20/2016	and assigned
Florida document number L16000136535		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
GLOBAL ENGINEERING & HOSPITALITY SERVICES	LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 3 23
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	- F-13
		22 - m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		LOS P
		TATE 28
		, p
B. If amending the registered agent and/or regis		enter the name of the new
registered agent and/or the new registered office add	<u>ress here</u> :	
Name of New Registered Agent:		
New Production 1 Office Address	•	
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City , F10r	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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			Add
			□ Remove
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			Change
			Remove Change Change Change Change Remove
			Change.

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	01/01/2017	(d · D
42	o nate at tilino	(optional)
effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than	90 days after filing.) Pursuant to 605.02
effective date is listed, the date muster: If the date inserted in this bl	st be specific and cannot be prior to date of filing or more than lock does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 605.02 rements, this date will not be listed a
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