116000221136

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



300341591593

03/03/20--01020--004 **25.00

2020 MAR -3 AM 10: 27
SECRETARY OF STATE

MAR 2 1 2020

COVER LETTER

Registration Section Division of Corporations

TO:

PRIVE HO SUBJECT:	OSPITALITY GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Cecilia Brannon		
		Name of Person	
	Kravitz and Guerra, P.A.		
		Firm/Company	
	801 Brickell Bay Dr. Ste	18	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	cecilia@kravitzlaw.com		
	E-mail address: ((to be used for future annual report notif	ication)
For further information of	concerning this matter, please o	all:	
Cecilia Brannon		305 372-0222 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
	□ \$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 S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIVE HOSPITALITY GROUP LLC (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000221136	were filed on December 06th, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation of .L.C."
Enter new principal offices address, if applicable:	905 Brickell Bay Dr. Suite 2CL23	ECS #
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	AR -3
Enter new mailing address, if applicable:	801 Brickell Bay Dr. Suite 18	3 AMIO:
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	70.2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the n	ame of the new registered
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GHITA TAZI	121 NE 34 Street, Hyde Midtown Apt. 909	≣ Add
		MIAMI . FL 33127	□Remove
			□Change
MGR	Nacer Tazi	121 NE 34 Street , Hyde Midtown Apt. 909	□Add
		MIAMI, FL 33127	□Remove
			■Change
			□Add
			Remove SECRIPATION Remove
		ASSEE FLORID!	3 □ Add
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

					 -		
					_		
		· -					
						_	_
		··—·					
						_	_
						<u>-</u>	_
	<u> </u>		<u> </u>		_	_	_
					TACE ALL	2020	
		<u> </u>			—CAET	MAR	— _į .
				<u> </u>	TAAT	ن ت	
-					ΠCC	}	
					SIATE	10: 2	-
					_ 	7	
	_				**************************************	<u></u>	
I an effective date is listed. Note: If the date inserte	er than the date of filing the date must be specific and the does not the on the Department of	nd cannot be prior to a meet the applicable	late of filing or mor	(option of than 90 days after requirements, this	filing \ Pur	suant to 6 not be l	05.0207 isted as
document's effective da						tha as	dier of
ne record specifies	a delayed effective er the record is filed	date, but not a l.	n effective tin	ne, at 12:01 a	ı.m. on t	uie ear	1101 01
ne record specifies	a delayed effective er the record is filed	date, but not a	n effective tin	ne, at 12:01 a	i.m. on t	trie ear	
ne record specifies The 90th day afte	er the record is filed	l.			m. on 1	ine ear	

Page 3 of 3

Filing Fee: \$25.00