L17000099026

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

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

Email Address: jerry@diversifiedcorp.com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
PROFESSIONAL HOSPITALITY ENTERPRISES, LLC

Certificate of Status	0
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STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: PROFESSIONAL HOSPITALITY ENTERPRISES, LLC

SECOND: The Florida Document number of the limited liability company is: L17000099026

THIRD: Document to be corrected is: THE ARTICLES OF ORGANIZATION.

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLES II, IV AND V HAVE THE STREET NAME OF THE PRINCIPAL OFFICE AND MAILING ADDRESS, THE STREET NAME OF THE REGISTERED AGENT AND THE STREET NAME, WITHIN THE ADDRESS, OF THE PERSON AUTHORIZED TO MANAGE THE LLC, ALL STATED AS PAVARATTI TERRACE RATHER THAN PAVAROTTI TERRACE, AND IS HEREBY CORRECT IN ALL PLACES AS STATED.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

STEWART WEINER, AMBR — 05/08/2017

Signature of Authorized Representative — Date

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ALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable :(NOTE: If correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee:	**$25.00**
Certified Copy:	**$30.00 (optional)**

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CR2E062 (9/15)