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(Requ	uestor's Name)	·····
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	ation Sec 1 of Corp	tion orations		
PRO SUBJECT:	OFESSIC	ONAL HOSPITALITY ENTE	RPRISES. LLC	
SUBJECT:	-	Name of Limi	ited Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all o	correspon	dence concerning this matter	to the following:	
		DEBBIE EISENBERG		
			Name of Person	
		PORGES, EISENBERG A	ND LEVINE CPA, LLC	
			Firm/Company	
		1880 N CONGRESS AVE	. SUITE 215	
			Address	
		BOYNTON BEACH, FL	33426	
			City/State and Zip Code	· <del>=</del>
		DEISENBERG@PELCPA.		<del></del>
			to be used for future annual report noti	fication)
For further infori	nation co	ncerning this matter, please ca	all:	
DEBBIE EISEN	BERG		561 737-5568 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the	e following amount:		
■ \$25.00 Filing	g 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)
	Address		Street Address: Registration Sec	ction
Divisio	on of Co	orporations	Division of Cor The Centre of T	•
	ox 6327 assee, F	, L 32314		e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL HOSPITALITY ENTERPRISES, LLC

2020 L 1. 23 PH 1: 59

(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 5/3/17	and assigned
Florida document number L17000099026		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AD)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet 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>	Address	Type of Action
AMBR	STEWART WEINER	9831 PAVAROTTI TERRACE	□Add
		APARTMENT 203	
		BOYNTON BEACH, FL 33437	
AMBR MATTHEW WEINER	9831 PAVAROTTI TERRACE	<b>■</b> Add	
		APARTMENT 203	□Remove
		BOYNTON BEACH, FL 33437	
		<u> </u>	□Add
			□Remove
			☐Change
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(If an effect Note: If	ve date, if other than the date of filing:
he record ord is file	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
Dated _	March 17, 2020.
Dated _	Signature of a member or authorized representative of a member