

L17000116886

(Requestor's Name)

(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



300298972273

06/15/17--01012--025 \$25.00

FILED

17 JUN 15 AM 11:30

DIVISION OF CORPORATIONS

O SIMMONS

JUN 16 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hotel Scent  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Mitchell  
Name of Person

\_\_\_\_\_  
Firm/Company

850 Central Ave Ste 201  
Address

Naples FL 34102  
City/State and Zip Code

Kimj.mitchell@yahoo.com  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Mitchell at (414) 788 6322  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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

**FILED**  
**17 JUN 15 AM 11:30**  
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 5/26/2017 and assigned  
Florida document number L17000116886.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Hotel Scent LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
mbr	Nir Sharon	850 Central Ave	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Naples FL 34102	<input type="checkbox"/> Change
mgr	NWS Family <del>Invest</del> Investment Co LLC	850 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Naples FL 34102	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUN 15 AM 11:30  
DIVISION OF CORPORATIONS

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
17 JUN 15 AM 11:30  
DIVISION OF CORPORATIONS


E. Effective date, if other than the date of filing: 6/13/2017 (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 13 . 2017



Signature of a member or authorized representative of a member

Nir Sharon

Typed or printed name of signer