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S. WARREN NOV 1 7 2017

COVER LETTER

SUBJECT: Global Hospitality Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Global Hospitality Group LLC Firm/Company
Firm/Company
22 NE 1ST ST Unit 301
HI ami, FL 33137 City/State and Zip Code
Y. Zambrano @ ghatours. com E-mail address: (to be used for future annual upport notification)
For further information concerning this matter, please call:
yddling Zambrano at (786) 683 9211 Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Sectional copy is enclosed) \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of

TO:

Registration Section Division of Corporations

> 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

Global Hospital	ity Group LLC
(<u>Name of the Limited Lability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $06/23/2017$ and assigned
Florida document number <u>L 17000137150</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here: Flyghg LLC
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	22 NE 1ST ST UNIT30
(Principal office address MUST BE A STREET ADDRESS)	Hia, FL 3313Z
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>.t:</u>
I hereby accept the appointment as registered agent and ay provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a: being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
	三
If Ch	nanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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> **Type of Action** □ Add ☐ Remove _ Change _□ Add □ Remove _□ Change _□ Add □ Remove _□ Change _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change _ □ <u>van</u> Grand Remove 6 Control of the contro

mending any other information, enter change(s) liere: (Attach additional sheets, if neces.	
	
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ective date, if other than the date of filing: 110912017 (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fier. If the date inserted in this block does not meet the applicable statutory filing requirements, this dument's effective date on the Department of State's records.	lling.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.i he 90th day after the record is filed.	m. on the earlier o
ed 11/09/2017 () days)	
Signature of a member or multiplified representative of a member Yellow Zowb roug Typed or printed name of signee	17 NOV J6 PM
	F77.
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