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(Re	equestor's Name)	
(Ac	ldress)	
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K. SALY JUL 1 4 2017

COVER LETTER

TO: Registration Se Division of Cor			
	TALITY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
Ticase retain all correspo	MARC MATYAS	to the following.	
	-	Name of Person	
	727 HOSPITALITY LLC		
		Firm/Company	
	981 LIVE OAK AVENUE	E NE	
		Address	
	ST, PETERSBURG, FL	33703	
	TOTAL CONTRACTOR OF THE	City/State and Zip Code	
	727HOSPITALITY@GMA E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
MARC MATYAS		646 458-1879	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing 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 radditional copy is enclosed)
	IV.C. A DDDDCC.	ethretæaun.	PD ANADPOS.

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



727 HOSPITALITY LLC

(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 C	Company were file	ed on JULY 3, 2017	and assigned			
Florida document number L17000142799	.					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liability com	pany here:				
The new name must be distinguishable and contain the words "Lin	nited Liability Compa	ny," the designation "LLC	I'' or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD	RESS)					
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE BOX)						
						
B. If amending the registered agent and/or registered agent and/or the new registered office add		lress on our record	s, enter the name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	Enter Florida street address					
		. FI	orida			
	City		oridaZip Code			
New Registered Agent's Signature, if changing Registere	ed Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete perform igent as provided ed office address	ance of my duties, a. for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is			

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 MARC MATYAS		981 LIVE OAK AVENUE NE. ST	Petersburg FL 33703
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			Change Condition of the
			DRemove 5
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Filing Fee: \$25.00