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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	· ··· ··· ·



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S. WARREN OCT 2 0 2017

			COVER LETTER	
	legistration Se livision of Cor			
,		- spitality, LLC		
SUBJECT	P	· · · · · · · · · · · · · · · · · · ·	ited Liability Company	
The enclose	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	um all correspo	ndence concerning this matter	to the following:	
		Nathalic I. Boutros		
			Name of Person	
		Squawk Hospitality, LLC		
			Firm/Company	
		77 East Stovin Avenue		
			Address	
		Winter Park, FL 32789		
			City/State and Zip Code	
		nsigmund@gnp-llc.com	to be used for future annual rep	
For furthe	r information c	oncerning this matter, please c.		bort nothication)
Neil Sigm			407 493-1	
	Name o	f Person	at () Area Code	Daytime Telephone Number
	is a check for th 9 Filing Fee	ne following amount: S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclos)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Division of Clifton Bui	Corporations Iding tive Center Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Squawk Hospitality, LLC			
(Name of the Limited Liah (A Flor	hillity Company as rida Limited Liabil	it now appears on our s ity Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number 1.17000161330	Company wer	c filed on July 28, 201	7 and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	imited liability	company here:	
The new name must be distinguishable and contain the words "L	limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office	address on our re	cords, <u>enter the name of the n</u>
registered agent and of the new registered once at	<u>uuress nere</u> .		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street	address
			_, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete perj l agent as prov ered office ada	formance of my duti ided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
	if Changing	Registered Agent, Sign	ature of New Registered Acoust

Page 1 of 3

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AM II: LO

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

I.

<u>Títle</u>	Name	Address	Type of Action
AMBR	Neil T. Sigmunc	77 East Stovin Avenue	Add
		Winter Park, FL 32789	Remove
			D Change
AMBR	Giorno One, Inc.	1311 West Fairbanks Avenue	B Add
		Orlando. FL 32804	C Remove
			Change
			🗖 Add
			Remove
			Change
			D Add
		······	Remove
			Change
			□ Add
			🖸 Remove
			Change
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			SSEE, FLONDA

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

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E. Effec	tive date, if other	than the date of	filing: July 28, 20	17	(option	an)
					re than 90 days after fi	ling.) Pursuant to 605,0207 (3)(b)
Note:	If the date inserted ment's effective date	f in this block docs	not meet the applic	able statutory filing	requirements, this c	late will not be listed as the
abeu	ment s'enective dau	e on the Departmen	it of State's records			
If the re	cord specifies a	delayed effect	ive date, but no	t an effective ti	me, at 12:01 a.	m. on the earlier of:
(b) Th	e 90th day after	r the record is f	iled.			
	0.11.10					
Dated	d October 12		2017	•		
		c				
		Mai				FOCT
		Signatur	of a member or auth	orized representative of	of a member	
						TID TILE
	Nathalie I Bo	utros				<u> </u>
	,		Typed or print	ed name of signee		AMIN: 46 E, FLORID
				• • • •		Da B
			Page	e 3 of 3		

Filing Fee: \$25.00

EXHIBIT A MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2 and 10.1.

Members

Capital Contribution Percentage Interest

100%

Giorno One, Inc. 1131 West Fairbanks Avenue Orlando, FL 32804

FILED