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COVER LETTER

TO:	Registration Sec Division of Corp						
CUDIC		oitality Management LLC					
SUBJECT:Name of Limited Liability Company							
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please i	return all correspoi	ndence concerning this matter	to the following:				
		Richard Medina					
		· · · · · · · · · · · · · · · · · · ·	Name of Person	·			
		Insight Hospitality Manage	ement LLC				
Firm/Company							
		3501 W Vine Street Suite 2	295				
			Address				
		Kissimmee, Florida 34741					
			City/State and Zip Code				
		rmedina@insighthospitality	mgmt.com to be used for future annual report notifi				
			•	canon			
For fur	ther information co	oncerning this matter, please co	all:				
Richard	Richard Medina 813 3266509 at ()						
Name of Person			Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
■ S25	5.00 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)			

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

Insight Hospitality Management LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L17000196736	pany were filed on September 22, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s</u> ,	3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		20
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Florida	l
	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
MGR	Charles Ian Wilbraham	1513 Woodward Street	Add
		Orlando, Florida	□ Remove
		32803	☐ Change
			
			☐ Remove
			Change
			D Add
			□ Remove
			☐ Change
			□ Remove □ Change □ Add
			Remove
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ote: If the dat	e inserted in thi	s block does not e Department of	t meet the a	pplicable s					
		yed effective record is filed		t not an	effective	time, at	12:01 a.ı	m. on the	earlier:
	-17-17								
ated				·					

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Typed or printed name of signee

Filing Fee: \$25.00