

L17000201176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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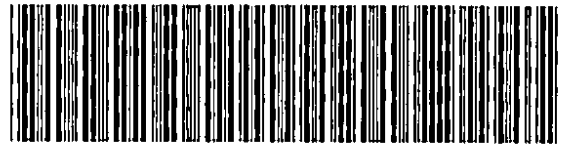
(Business Entity Name)

(Document Number)

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FILED
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA
OCT 10 2019

Amend

OCT 29 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTEL INVESTOR GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR FLETCHER, II

Name of Person

Firm/Company

815 S PALAFOX STREET, THIRD FLOOR

Address

PENSACOLA, FL 32502

City/State and Zip Code

RBECKISH@SOUTHPALAFOX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR FLETCHER, II

850

316-4292

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(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 INVESTOR GROUP, 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 Company were filed on 9/28/2017 and assigned
Florida document number L17000201176.

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 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>
MGR	ALEXANDER COVER	815 S PALAFOX STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN LEVITAN	815 S PALAFOX STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TONY TA	6005 SAN FELIPE ST	<input checked="" type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		HOUSTON, TX 77057	<input type="checkbox"/> Change
MGR	SOUTH PALAFOX GROUP, LLC	815 S PALAFOX STREET	<input checked="" type="checkbox"/> Add
		THIRD FLOOR	<input type="checkbox"/> Remove
		PENSACOLA, FL 32502	<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

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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.

Dated OCTOBER 8, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee