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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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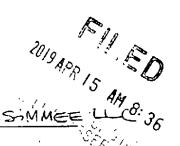
C. GOLDEN APR 2 4 2019

COVER LETTER

Division of Corporations
SUBJECT: OLEEN POINT HOTEL MANAGEMENT KISSIMMEE 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:
Carlos Balzola Name of Person
TIBER SERVICES LLC Firm/Company
2434 Hollywan plub 2nd Floor
HOlly WCOD FLORIDA 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
ner information concerning this matter, please call:
VERONI CA CARLO-TO at (954) 744-4051 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Solution Status Status Solution Status Status Solution Status Status Status Status Solution Status St
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(**	. I torida bilintea biacini, company	16.570
The Articles of Organization for this Limited Liab	oility Company were filed on OI 17 5	2018 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	 	1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•	, Flor	
	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>	Name	<u>Address</u>	Type of Action
M <u>6r</u>	POINT TOUCH UC	4700 SHERIDAN ST.	
		SUITE J. Hollywood FL	PRemove
		33021	Change
			🗆 Add
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lf an effe <u>Note:</u>	ve date, if other than the date of filing: 04/06/2019 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	€
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	APRIL 10, 2019
	the state of the s
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00