L180000 27836

(Requestor's Name)
(Address)
(Address)
(12.22)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(233)
Code and Courts
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Co	•		•		
ACE HOS	PITALITY US LLC		•		
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	_			
	ALEXANDRE F BASTIN	ŗ			
		Name of Person			
	ACE HOSPITALITY US LLC				
	Firm/Company				
	19040 S SAINT ANDREWS DR				
		Address			
	HIALEAH FL 33015				
		City/State and Zip Code	1-12-1		
	LXBASTIN@ICLOUD.CC	OM to be used for future annual report notif	icution		
For further information	concerning this matter, please c		(Callott)		
ALEXANDRE F BAST	•	786 660-8552			
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 Addre		Street Address: Registration Sec	tion _		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2.1.78... -0 PM 4:53

ACE HOSPITALITY US LLC			
(Name of the Lim	ited Liability Compa- (A Florida Limited L	ny as it now appears on our records hability Company)	
The Articles of Organization for this Limited I Torida document number <u>L18000027836</u>	Liability Company	were filed on 01/31/2018	and assigned
his amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liabi	lity company here:	
ÿ/A			
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addr	•	ddress on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		Flo	rida
	-	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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ABOU-SOUFYAN BEN AMARA	350 NE 24TH ST APT 1110	
		MIAMI FL 33137	■Remove
			□Change
MBR EMILY D BENAT	EMILY D BENATTAR	350 NE 24TH ST APT 1110	□Add
		MIAMI FL 33137	■Remove
			DChange
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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	08/26/2020
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and c Note: If the date inserted in this block does not me locument's effective date on the Department of Sta	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (see the applicable statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but not a d is filed.	in effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 26	2020
	
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Signature of a me	ember or authorized representative of a member
Signature of a mo	ember or authorized representative of a member

Filing Fee: \$25.00