118000129120

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



06/14/18--01014--005 **25.00

TO HELD IN DE ST. 2

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COVER LETTER

TO:	Registration Sec Division of Corp			
CUD ITA	DOT HOTE	LS, LLC		
SUBJE	-1:	Name of Limi	ited Liability Company	
The encl	osed Articles of A	nmendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter t	to the following:	
		EZEQUIEL FISCHER		
			Name of Person	
		EZEQUIEL FISCHER PA	A	
			Firm/Company	
		1000 E HALLANDALE B	EACH BLVD, SUITE 28	
			Address	
		HALLANDALE BEACH, I	FLORIDA 33009	
			City/State and Zip Code	
		EFISCHER@CPA.COM		
		E-mail address: (t	to be used for future annual report notifi	cation)
For furth	ner information co	ncerning this matter, please ca	all:	
EZEQU	JIEL FISCHER		305 527-3503	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for the	e 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

DOT HOTELS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L18000129120 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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	GONZALEZ ARNEJO, IÃAKI J	1111 KANE CONCOURSE	□ Add
		BAY HARBOR ISLAND, FL 3300	■ Remove
			☐ Change
MGR	GONZALEZ ARNEJO, INAKI J	1111 KANE CONCOURSE	∃Add
		BAY HARBOR ISLAND, FL 330(□ Remove
			Change
			□ Add
			Remove
			Change
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ective date, if other than the	date of filing: _				(optional)	
effective date is listed, the date mute: If the date inserted in this b	st be specific and cant lock does not meet	not be prior to the applicab	date of filing o le statutory fi	r more than 90 da ling requiremer	ys after filing.) Pur its. this date will	suant to 605.02 not be listed:
cument's effective date on the D						
record specifies a delaye	d effective date	, but not	an effective	e time, at 12	::01 a.m. on t	:he earlier
he 90th day after the rec	ord is filed.					
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JUNE 11 red		018 ———	_ • _			
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Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00