

L18000134356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

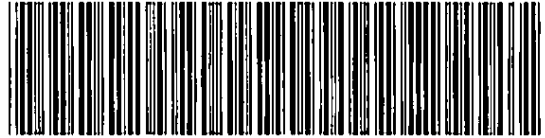
(Business Entity Name)

(Document Number)

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18 JUL -9 PM 2:43
SECURITY DIVISION
DIVISION OF CORRECTIONS

N COOPER
JUL 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOTELS VIP, 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:

KEVIN REDLING

Name of Person

HARDING BELL INTERNATIONAL

Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33823

City/State and Zip Code

SUSAN.HARDING@HBITAX.COM

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

For further information concerning this matter, please call:

KEVIN REDLING

863 968-1010

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**

HOTELS VIP, 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 MAY 30TH, 2018 and assigned
Florida document number L18000134356.

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 "LLC."

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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JASON LOOFE	CALLE FRONT ROCHA 19	<input checked="" type="checkbox"/> Add
		URBANIZATION MONTEBELL	<input type="checkbox"/> Remove
		LA NUCIA,ALICANTE ES 03530	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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d. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

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18 JUL -9 PM 2:43

SECRETARY OF DEFENSE
DIVISION OF INFORMATION

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to the SEC filing date.)

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.

(b) The 90th day after the record is filed.

Dated JUNE 7 1961

2018

7/11 2018

Signature of a member or authorized representative of a member

PAT. BODY - AUTHORIZED MEMBER

Typed or printed name of signee