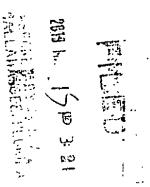
## L19000068206

(Red	questor's Name)			
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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T. LEWIEUX

MAY 3 ₹ 2919

#### **COVER LETTER**

3 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
TO: Registration Section Division of Corporations
SUBJECT: Hospitality & Beyond LLC Name of Limited Jability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Betty Ann Munt Strain
Hospitality & Beyond, LLC
4071 NW 5th Drive.
Deerfield Beach, F1 33442
bahuntage ad com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Betyfin Hunt Strain at (561) 399-9508  Name of Person at (561) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30,00 Filing Fee & \$\Bigcup \$55,00 Filing Fee & \$\Bigcup \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional 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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2019

BETTY ANN HUNT STRAIN 4071 NW 5 DR DEERFIELD BEACH, FL 33442

SUBJECT: HOSPITALITY & BEYOND, LC

Ref. Number: L19000068206

We have received your document for HOSPITALITY & BEYOND, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can not use the MRS, as a title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 419A00009838

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOSPIT ALIT	y p BEYOND. [ []  oility Company as it now appears on our records.)  ida Limited Liability Company)
	• <del>L</del> .
The Articles of Organization for this Limited Liability Florida document number	Company were filed on March 111, 2019 and assigned 206
• • •	CONTRACTOR OF TAKER OF
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
( <u>Principal office address MUST BE A STREET ADI</u>	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Fruer I lovida sveet address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address. I hereby confirm that the limited liability w.
	If Changing Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

or remov	ed from our records:	ì	
	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Bethy Ann Hunt	Hrain 401 NW5th I Deerfield Beach Florida 3344	)7. X Add
		Deerfield Beach	□ Remove
		Florida 3344	□ Change
			□ Remove
			Change
			□ Remove □ Change
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

3. Ifam	ending any other information, enter change(s)	nere: (Affach adalhonal sheets, if hecessary.)
,		
•		
•		
		i .
E Effect	ive date, if other than the date of filing:	(optional)
(If an et Note:	fective 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 (3)(b) opticable statutory filing requirements, this date will not be listed as the
	cord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated	May 1 20	<u>  C </u> .
	Betty Ann Signature of a member of	authorized representative of a member
	Betty A	no Hunt Strain
	ין	age 3 of 3

Filing Fee: \$25.00