

L19000133144

**Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOSPITALITY FIRST LLC**

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OCT 7 2019

SECRETARY OF STATE
TALLAHASSEE, FL

2019 OCT -4 PM 3:10

FILED

2019 OCT -4 PM 3:48

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2019 OCT -4 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLHOSPITALITY FIRST 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 05/16/2019 and assigned
Florida document number L19000133144

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)

600 N. THACKER AVENUEKISSIMMEE FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 N. THACKER AVENUEKISSIMMEE FL 34741

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.

City

Florida

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	HOSPITALITY FIRST, SA DE CV		☐ Add
			☒ Remove
			☐ Change
MGR	SALCEDO GUAL, XAVIER	600 N. THACKER AVENUE KISSIMMEE FL 34741	☐ Add
			☐ Remove
			☒ Change
MGR	LOZAGA COLL, MARIA VICTORIA	600 N. THACKER AVENUE KISSIMMEE FL 34741	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
INLAND AFFAIRS

2018 OCT -4 PM 3:10

E. Effective date, if other than the date of filing: OCTOBER 4TH, 2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Penamant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated OCTOBER 4TH, 2019

Signature of a member or authorized representative of a member

~~SALCEDO GUAL, XAVIER~~

Typed or printed name of signee