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JUL 1 7 2019 **S. YOUN**G

COVER LETTER

	ion Section of Corporations		
	ova Hospitality LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	eles of Amendment and fee(s) are sub	-	
riease return an ce	Jack Avid	to the following.	
	Cordova Hospitality LLC	Name of Person	
	920 Collins Ave.	Firm/Company	
	Miami Beach, FL 33139	Address	
	mariano@sobe-hostel.com	City/State and Zip Code	
For further inform	E-mail address: (ation concerning this matter, please ea	to be used for future annual report notifiall:	ication)
Mariano Leo	Name of Person	786 4319931 at () Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 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)
	MAII INC ADDDESS.	STREET/COURT	FR ADDRESS:

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cordova Hospitality LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/19/2019 an	d assigned
lorida document number L19000161956		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)	·	
	· · · · · · · · · · · · · · · · · · ·	
	•	لنا بن
nter new mailing address, if applicable:		
Sailing address MAY BE A POST OFFICE BOX		ابب. —— بــــ
		<u>. </u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		ame of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Code
	City Zip	Lode

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>	Address	Type of Action
MGR	OVED. STEVEN		
			□ Remove
		138 EAST 31ST STREET, SUITE C-1 NEW YORK, NY 10019	
MGR	AVID, JACK		
			□ Remove
		138 EAST 31ST STREET, SUITE C-1 NEW YORK, NY 10019	■ Change
			Remove
			🗖 Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

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	07/03/2019
f an ef Note:	(optional) Rective date, if other than the date of filing:
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
The	1
The	July 2nd
The	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00