# 119000196272

44.

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### **COVER LETTER**

TO: Registration Section Division of Corporations

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### HOTELES INTELEGENTE RB LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jesus A Dicuru		
		Name of Person	
	DAOCH, INC		
	<del></del>	Firm/Company	<del></del>
	2598 E. Sunrise Blvd., Su	ite 2104	
		Address	
	Fort Lauderdale / Florida	State / FL 33304	
	daochine@gmail.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Jesus A Dicuru		949 482 7340	
Name o	i Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne 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

(Name of the Limited Liability Company as it now appears on our records )

ARTICLES OF ORGANIZATION EFFECTIVE DA **OF** 

### HOTELES INTELEGENTE RB LLC

\ <u></u>	(A Florida Limited	Liability Company)	•
The Articles of Organization for this Limited I L19000196272  Florida document number	, , ,	were filed on August 01	. 2019 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of N/A	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	i "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
i melpu office una els most pist office	<u> </u>	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	· .
		N/A	
		N/A	
B. If amending the registered agent and registered agent and/or the new registered of	<u>.</u>		ecords, <u>enter the name of the</u>
Name of New Registered Agent:	N/A	· <u> </u>	
New Registered Office Address:	N/A		
	Enter Florida street address		
	N/A		, Florida
		City	Zip Code

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.

N/A
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 a or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RICARDO ROSA-BRUSSIN CARRION	2598 E. Sunrise Blvd., 2104, Fort Lauderdale, FL 33304	☐ Add
			□ Remove
AMBR	YAKELINE PABON RANGEL	2598 E. Sunrise Blvd., 2104. Fort Lauderdale, FL 33304	
			□ Remove
·			E Change
			Add
			☐ Remove
			Change
			Add
		·	☐ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
		<del> </del>	Remove
			□ Change

	N/A
	, <u> </u>
I. I. I. P. P. C.	SEPTEMBER 10, 2019
(If an et <b>Note:</b>	(optional) (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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	SEPTEMBER 04 2019
	Signature of a member or authorized representative of a member
	JESUS A DICURU

Typed or printed name of signee

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Filing Fee: \$25.00