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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2020

LAURINA EMILIANI EMILIANI REAL ESTATE GROUP, LLC 3755 VIA POINCIANA #410 LAKE WORTH, FL 33467

SUBJECT: INBEST REAL ESTATE, LLC

Ref. Number: L20000016987

We have received your document for INBEST REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

EMILIANI REAL ESTAE GROUP, LLC - L20000228202

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.

Shelia S Young Regulatory Specialist II

Letter Number: 720A00017962

See Attachec

COVER LETTER

	Division of Co				
CLID IE	ww.	EAL ESTATE, LLC			
SUBJEC	·I; <u>— </u>	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		LAURINA EMILIANI			
		······································	Name of Person		
		EMILIANI REAL ESTAT	TE GROUP, LLC		
			Firm/Company		
		3755 VIA POINCIANA	410		
		·	Address		
		LAKE WORTH, FL 3346	7		
			City/State and Zip Code	·	
			to be used for future annual report no	tification)	
For furthe	er information o	oncerning this matter, please of	all:		
LAURIN	IA EMILIANI		305 771-4890		
	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed	is a check for the	ne following amount:			
■ \$25. 0	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 Addres		Street Address:	andia	
	Registration S Division of C		Registration Section Division of Corporations		
1	P.O. Box 632	7	The Centre of	The Centre of Tallahassee	
•	Tallahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INBEST REAL ESTATE, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	 دے	
The Articles of Organization for this Limited Liability Company Florida document number L20000016987 This amendment is submitted to amend the following:		DO OFFICE OF STATE OF COMPANY SSIES AND	
A. If amending name, enter the new name of the limited liab	ility company here:	2. C.	
E & M HOSPITALITY GROUP, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	717 SHOTGUN RD		
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33326		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	3755 VIA POINCIANA SUITE 41 LAKE WORTH, FLORIDA 33467 address on our records, enter the		
New Registred Syrice Fidules.	Enter Florida street address		
	, Florida		
	City	aZip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

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>	Name	Address	Type of Action
MGR	ESTEFANIA EMILIANI	717 SHOTGUN RD, SUNRISE, FL 33326	Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in a document's effective date on	n the date of filing: te must be specific and cannot b his block does not meet the	applicable statutory filir	(optiona nore than 90 days after filir ng requirements, this da	g.) Pursuant to 605 0207 (
record specifies a delayed end is filed.	fective date, but not an effec	ctive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
07/26 Dated	, 2020	/		
	1/11/11			
	Bignature of a member i	authorized representative	of a member	
	//	y	ILPOILE/OI	
	V /			

Filing Fee: \$25.00