120000 71839

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cib	y/State/Zip/Phone	- #N
(Cit)	//State/Zip/Priorie	= H)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	-
		ļ
	_	

Office Use Only



400343142094

04/14/20--01004--003 ++25.00

RECEIVED

APR 1 3 2020

2020 APR 13 PH 2: 35

Amend

AFR 2 3 2020

I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
H HOSPIT	TALITY LLC		
Nobsect.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	PHILIP JOSEPHSON		
		Name of Person	
	STERLING BUSINESS I	AW	
		Firm/Company	
	2665 S. BAYSHORE DR	VE, PH2B	
		Address	
	MIAMI, FL 33133		
		City/State and Zip Code	
	pjosephson@sterlingbusine		
	E-mail address: (to be used for future annual report no	tilication)
For further information of	concerning this matter, please c	all:	
PHILIP JOSEPHSON		305 2857970	
Name (of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	the 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 Addre	<u>ss:</u>	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H HOSPITALITY LLC			
(Name of the Lim	ted Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Landscape Illustration for the Limited Landscape Illustration for this Limited Landscape Illustration for this Limited Landscape Illustration for the Landscape Illustration for this Limited Landscape Illustration for the Illustration for this Limited Landscape Illustration for the Illustration for	iability Company were	e filed on MARCH 4, 2020	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		29 80 -11
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office addre	registered office addre	ess on our records, enter th	2 2 35 ne name of the new register
Name of New Registered Agent:			
New Registered Office Address:	3509 NE 2nd AVE.		
		Enter Florida street address	
	МІАМІ	, Flor	ida <u>33127</u>
		City	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 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
	_ \		□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		\	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			____\S\\\\\\\\\\\\\\\\\\\\\\

		<u></u>		
			-	
				
		.		
				<u> </u>
 				
-				
				
				$\overline{}$
(If an effective date is 1 Note: If the date in	other than the date of filing:	the applicable statutory filin	(optional) ore than 90 days after filing, g requirements, this date) Pursuant to 605.0207 (3
the record specifies a ford is filed.	i delayed effective date, but not an el	ffective time, at 12:01 a.m.	on the earlier of: (b) Th	e 90th day after the
Dated APRIL 2	70)20		

Filing Fee: \$25.00

Typed or printed name of signee