L23000524525

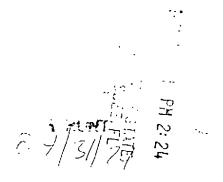
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500433980695

07/31/24--01037--023 **25.00



COVER LETTER

TO:	Registration Division of C	Section orporations							
SUBJI	ECT:	THE HOTEL	ADVISORS L	<i>:</i>					
		Name of Lin	nited Liability Company	,					
			•						
The en	closed Articles o	of Amendment and fee(s) are suf	bmitted for filing.						
		condence concerning this matter							
		,							
-			Name of Person	RP					
			Name of Person						
			HOTEL APVI	VORS LLC					
		139	- LONDON 01 Address	₹					
	•		Address						
	•	· Da	IN COURT -						
	•		City/State and Zip Code	5015 F					
			(to be used for future annual report noti						
	· ·	E-mail address: (to be used for future annual report not	fication)					
For fur	ther information	concerning this matter, please o	all:	PH 2: 24 SSEE, FL					
			at ()	TE TE	-				
	Name	of Person	Area Code Daytim	e Telephone Number					
			•		•				
Enclose	d is a check for	the following amount:			•				
52 \$2 5	5,00 Filling Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee; Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed)						
/									
	Mailing Address Registration		Street Address: Registration Sec	ction					
	Division of	Corporations	Division of Cor	porations .					
	P.O. Box 63	~ ,	The Centre of T	• •					
	Tallahassee,	FL 32314	7415 N. Monro Tallahassee, FL	e Street, Suite 810 32303					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa		S LCC	
(A Florida Limited L	izbility Company)		• •
The Articles of Organization for this Limited Liability Company	wère filed on/	1.21.20	Sand assigned
Florida document number L 23000 124525			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liabi	lity company here:	•	
INTERNATIONAL HO	TEL AD	1150RS	ددر
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abl	reviation "LiLLC."
Enter new principal offices address, if applicable:	·		-
(Principal office address MUST BE A STREET ADDRESS)			
•			•
		F1. C	-
Enter new mailing address, if applicable:	•		•.
		S	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		- 유유 포	
•	•	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office a	فتتحدث بنتك برو محمثالة	12 2	
agent and/or the new registered office address here:	roters on our record	s, enter the bank	of the new registered
			•
Name of New Registered Agent:			
			
New Registered Office Address:	Enter Florida stre		· · · · · · · · · · · · · · · · · · ·
	estier ritarius sure	ei wwwess	
<u> </u>		, Florida	
	City		Zip Code
New Registered Agent's Signature, If changing Registered Agent:			
I hereby accept the appointment as registered agent and agree			
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pro-			
being filed to merely reflect a change in the registered office of			
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
•			
·		·	□ Add
•			
			Remove
	· · ·		
			Change
			□ A'dd
•			CA00
			□Remove
•			Change
	;		į.
			□ Ađd
		•	
			© Remove
•			☐ Remove
•		<u> </u>	☐ Change
		(2)	
			Add Add
• .		FL	N □Remove
•			
	•	·	□ Change:
			•
	·		
			_
	.•		□Remove
			□ Change
			Li-Criange
	•		□Aḍḍ
•	•	-	□Remove
	*		Cl 01 :

	-						<u>-</u>	ets, if nece		
 				·		·· / <u>-</u>	<u>-</u>			
	· -	•	<u> </u>					• •		
		· 	<u> </u>	·						
		,					-			_
										÷ .
								. j	- Z-	
			•					7	دي	. :
							· · · ·	388	유	1 Q 31
				-		·	- ·		<u>~</u>	الموسط ا
			·					<u> </u>	2	
					 ,					-
` 	<u> </u>			,		<u> </u>				
·										
		•				··· <u>-</u> -				
n effective d <u>te:</u> If the cument's e	date inserte ffective dat	the date mus d in this bl te on the D	st be specific lock does n epartment	and cannot be not meet the a of State's rec	prior to dat applicable s cords.	tatutory fili	nore than 9 ng require	ments, this o	ling.) Pur fate will	not be lis
cord speci s filed.	fics a delay	ed effectiv	e dáte, bút	not an effect	tive time; a	t 12:01/å.m:	on the ea	rlier of: (b)	The 90	th day after
-			*	$\overline{}$	^ 	_				
-	<u> 7</u> .	<u>2/</u>		<u>.,</u>	24	· ·	•			
- ted	_ 	2) - -//	Signature	2/1	2	representative	of a mem	ber		

Filing Fee: \$25.00