

M1500026270642

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPIRIDES HOTEL REAL ESTATE AND FINANCE BROKERS,
LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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NOV 04 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spirides Hotel Real Estate and Finance Brokers, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Spirides
Name of Person

Spirides Hospitality Finance Company, LLC
Firm/Company

100 S. Ashley Dr, Ste 600
Address

Tampa, FL 33602-5300
City/State and Zip Code

harry@hospitality-finance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Spirides at (813) 327-5100
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Spirides Hotel Real Estate and Finance Brokers, LLC

2. The Florida document number of this limited liability company is: M15000000642

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/26/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Spirides Hospitality Finance Company, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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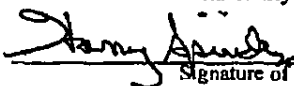
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Harry Spirides, Manager

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SPIRIDES HOTEL REAL ESTATE AND FINANCE BROKERS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SPIRIDES HOSPITALITY FINANCE COMPANY, LLC" ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2015, AT 8:08 O'CLOCK A.M.

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5679161 8320
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Authentication: 10348344
Date: 11-03-15

You may verify this certificate online at corp.delaware.gov/outhver.shtml