

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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05/08/12--01002--015 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOTELAIF	R SUPPLY, INC	
	BER: P0500008555	57	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	JIM SIERRA		
		Name of Contact Perso	n
	TAXSMART LLC		
		Firm/ Company	
	5550 SW 87 AVE		
		Address	
	MIAMI, FL 33165		
		City/ State and Zip Cod	e
SIE	RRATAXES@GN	MAIL.COM	
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	***
JIM SIERRA		at (305	, 271-7310
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



P05000085557

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ş. •	Articles of A	.• mendment	20.	A STATE OF THE STA
	to		12/12/19	
	Articles of Inc. of	orporation	13 SCAN	, <i>`</i>
HOTELAIR SUPPLY, IN	IC			My 11:57
(Name of Corporation a	s currently filed with the F	orida Dept. of Stat	<u>e</u>)	(g, "5)
P05000085557			· · ·	672
(Docume	nt Number of Corporation (if	known)		And the second
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this i	Florida Profit Corpo	pration adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
····				The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	action "Corp," "Inc," or "C	Co''. A professiona		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2016 SIM SAMONA BLAD				
(Frincipui office address MUSI BE A SIREET ADDRESS)		2816 SW	SAVONA BLVD	
		PORT SAIN	T LUCIE, FL 34953	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1142 SE P	URITAN LANE	
		PORT SAINT	Γ LUCIE, FL 34983	
D. If amending the registered agent an			the name of the	
new registered agent and/or the new				
Name of New Registered Agent SAMIR BISMAIL				
	2816 SW SAVO		<u> </u>	
	(Florida stre		0.4050	
New Registered Office Address:	PORT SAINT LU	JUIE	Florida 34953 (Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c		ith and appears the	hlications of the position	
hereby accept the appointment as regist	gred agent. I am Jamiliar w	un ana accepi ine oi O	mganons of the position.	
	gnature of New Registered A	aent if changing		
. 318	snature of thew neglistered hy	gem, y enunging		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name .	. · Address
1) Change	PVST	BASSAM A ISMAIL	1142 SE PURITAN LANE PORT SAINT LUCIE, FL 34983
Add Remove			PORT SAIN! LUCIE, FL 34963
2) × Change Add	Р	SAMIR B ISMAIL	2816 SW SAVONA BLVD PORT SAINT LUCIE, FL 34953
Remove 3) × Change	VP	ELIZABETH M ISMAIL	2816 SW SAVONA BLVD
Add Remove			PORT SAINT LUCIE, FL 34953
4) Change Add Remove		<u> </u>	
5) Change Add Remove		·	
6) Change Add Remove			

	(Be specific)
.	-
	·
	
an amendment provides for an excharge rovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) a	1doption: 04/30/20	12
Effective date if applicable:	1/30/12	
	(no more th	han 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE))
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. ufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders reach voting group entitle	rs through voting groups. The following statement led to vote separately on the amendment(s):
		as/were sufficient for approval
by	(voting group)	
	(voting group)	
action was not required.		ectors without shareholder action and shareholder s without shareholder action and shareholder
Signature (By a.c. selecte		r officer - if directors or officers have not been in the hands of a receiver, trustee, or other court
	BASSAM A ISI	MAIL
	(Typed or prin	nted name of person signing)
	PRESIDENT	
	(Title of pe	erson signing)