05000 14.9.169

| (Requestor's Name) (Address) (Address) | - | 300160873 |
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| (City/State/Zip/Phone #) | | |
| (Business Entity Name) | | , 09/28/0901007017 |
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09 SEP 28 PH 1: 37 ECRESIANT OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: | Carizan Hospitality, Ir | nc. |
|--|--|--|--|
| DOCUMENT NUM | BER: | P05000149169 | |
| The enclosed <i>Articles</i> | of Amendment and fee a | ere submitted for filing. | |
| Please return all corre | spondence concerning thi | is matter to the following: | |
| _ | 7,750.4 | Errol Boothe | |
| | N | Iame of Contact Person | |
| | Car | izan Hospitality, Inc. | <u>.</u> |
| | | Firm/ Company | |
| · | 9999 Sur | nmerbreeze Dr. Suite 416 | |
| | | Address | |
| 1 | · | Sunrise, FL 33322 | |
| | C | ity/ State and Zip Code | |
| | errol.o E-mail address: (to be use | b@comcast.net d for future annual report notification) | |
| For further informatio | n concerning this matter, | please call: | |
| Er | rol Boothe | at (954) | 529-6062 |
| Name of 0 | Contact Person | Area Code & Daytime To | elephone Number |
| Enclosed is a check for | or the following amount n | nade payable to the Florida Depa | rtment 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) |
| Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ | ele |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation - of

| Calizati n | ospitality, Inc. | | |
|--|--|------------------------------|------------------------|
| (Name of Corporation as current | tly filed with the Florida | Dept. of State) | |
| P0500 | 00149169 | | |
| (Document Numbo | er of Corporation (if know | vn) | |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation: | Florida Statutes, this Flo | orida Profit Corporation ado | ots the following |
| A. If amending name, enter the new name of the | he corporation: | | |
| | | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes B. Enter new principal office address, if applic | esignation "Corp," "Inc, ssional association," or t cable: | " or "Co". A professional co | |
| The control of the co | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> | <u> </u> | LLAHASSEE, FLORID | FILED 9 SEP 28 PH 1: 3 |
| D. If amending the registered agent and/or reg | gistered office address in | Florida, enter the name of t | <u>he</u> |
| new registered agent and/or the new register | ered office address: | <u></u> | |
| New Registered Office Address: | (Florida street ac | ddress) | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | | | e position. |

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)

| Title | <u>Name</u> | Address | Type of Action |
|----------|---|---|-------------------|
| Officer | Donna M. Hay | 9999 Summerbreeze Dr #416 Sunrise. FL 33322 | ☑ Add □ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add |
| | ing or adding additional Articles ditional sheets, if necessary). (B | | |
| | | | |
| provisio | | ge, reclassification, or cancellation of iss ent if not contained in the amendment i | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | t(s) adoption: 9/21/09 |
|---|---|
| Effective date if applicable: | (date of adoption is required) |
| Exective date it appreame. | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 9/22/08 |
| Signature | a director, president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | pointed fiduciary by that fiduciary) |
| | Errol Boothe |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |
| | |