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AUG 1 3 2019 I ALBRITTON TO: Amendment Section

## **COVER LETTER**

Division of Co	rporations		
NAME OF CORPO	DRATION:	EUROPEAN HOSPI	TALITY, INC
DOCUMENT NUM	MBER: <u>P100</u> 00046439		
The enclosed Article	s of Amendment and fee are	submitted for filing.	
Please return all corr	espondence concerning this n	natter to the following:	
	JAKOB HAMMERL	.E	
	EUROPEAN HOSPI	Name of Contact Por TALITY INC	fson
	12302 ISABELLA D	Firm/ Company RIVE	
	FL-BONITA SPRING	Address G. 34135	
	<del></del>	City/ State and Zip C	ode
	europeanhos@a	ol.com	
	E-mail address: (to be u	ised for future annual repor	t notification)
For further informatio	n concerning this matter, plea	ase call:	
JAKO	B HAMMERLE	at ( 239) 707	<b>7</b> 83 <i>77</i>
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

EUROPEAN	HOSPITALITY	INC

P10000046439	(Maine of Corporatio	n as currently filed with the	he Florida Dept. of State)
	(Docume	ent Number of Corporation	(if known)
Pursuant to the provisions of sec ts Articles of Incorporation:	tion 607.1006, Florida	Statutes, this Florida Profit	Corporation adopts the following amendment
4. Usmeading name, enter th	e new name of the cor	poration:	
			The new
iame must be aistinguishable and "Inc.," or Co.," or the design "chartered." "professional asso	ation "Corp." "Inc."	or "Co" A projessional.	"incorporated" or the abbreviation "Carp" corporation name must contain the word
l. <u>Enter new principal office s</u> Principal office address <u>MUST</u>	iddress, if applicable: BE A STREET ADDR	<u> </u>	
			<del></del>
Enter new mailing address (Mailing address MAY BE A	if applicable:   POST OFFTCE BOX)		
		-	
. If amending the registered a new registered agent and/or	agent and/or registered the new registered of	l office address in Florida Fice address:	enter the name of the
Name of New Registered	l Agent		
		(Florida street address)	
New Registered Office A	ddress:		. Florida
		(City)	(Zip Code)
icw Registered Agent's Signat tereby accept the appointment of	ure, if changing Regis	tered Agent: n familiar with and accept t	he obligations of the 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)

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 afficer/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 numed 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.

X Change	<u>P</u> T <u>J</u> a	nhn Doe	
X Remove	<u>v</u> <u>v</u>	tike Jones	•
$\underline{X}$ Add	<u>\$v</u> <u>s</u> :	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1)Change	D	ANIA SAND	12302 ISABELLA DRIVE
XAdd			BONTIA SPRINGS
Remove			FLORIDA 34135
2)Change	<u>P</u>	JAKOB HAMMERLE	12302 ISABELLA DRIVE
_X Add			BONITA SPRINGS
Remove			FLORIDA 34135
3)Change	<del></del>		
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
DChange			
Add			
Remove			

vuach <i>oddilional</i>	sheets. if necessury).	(Be specific)				
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provisions for in	provides for an exemplementing the amandale, indicate N/A)	change, reclassifi leadment if not c	ication, or cance contained in the	llation of issueds amendmentitself	<u>hares.</u> 2	
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The date of each amendment(s) ad	option:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the De	ok does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoraction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated_AUGUST	05 2019	
Signature_	age	
(By a director, pro	sident or other officer - if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	PETER STEFFENSKY	
•	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	