## P11000099424

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## **COVER LETTER**

TO: Amendment Section ..

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: BROWNSTONE HOSPITALITY INTERIORS, INC.  DOCUMENT NUMBER: P11000099424
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIAN LAWLET  Name of Contact Person  BROWNSTONE HOSPITALITY Interpres, Inc  Firm/ Company  7509 EXCHANGE DRIVE  Address  ORUMDO, FLORIDA 32809  City/ State and Zip Code  Sherril. bcloforlando @ gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRIAN LAWLET at (407) 299-2719  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

•	Articles of Ame	ndment	<b>= 11</b>	
	Articles of Incor	poration	<b>*</b>	ou or n3
	of		MIZEEB	24 PM 350
BROWNSTONE H	OSPITALIT	Y INTE	RIORS The	TAY OF STATE
(Name of Corporation as curr	ently filed with the Flor	ida Dept. of State	e) SECRE	ASSEE PLORITI
1-110	3000 994a	4	Wir	<u>.                                    </u>
(Document Nur	nber of Corporation (if k	nown)	The state of the s	
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corpo	oration adopts the following	owing amendment(s) to
A. If amending name, enter the new name o	f the corporation:			
NIA		<u>.</u>		The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professiona		
3. Enter new principal office address, if app	olicable:			
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS )	7509 E	XCHANGE 100, FL.	DOINE
		700, 0	XCHAIDC	27000
		ORCHY	DO, FL.	<u> </u>
C. Enter new mailing address, if applicable	<u>:</u>			
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)			
		JAMC 1	45 ABOYE	• 
		<del></del>		<del></del>
). If amending the registered agent and/or		s in Florida, ente	r the name of the	
new registered agent and/or the new regi	1 .			
Name of New Registered Agent	NIA			
	(Florida street	address)		
New Registered Office Address:			, Florida	
Trem legistered Office 7that ess.	(City)		(Zip Cod	e)
New Registered Agent's Signature, if changi hereby accept the appointment as registered a	ng Registered Agent:	and accent the o	blications of the nosi	tion
nercoy accept the appointment as registered to	igeni i um juminur will	і ини иссері іне 0	ongunons of me post	w.
	A Alama Barriera J. 4	16 al t	<del></del>	
Signatui	re of New Registered Age	nı, ij cnanging		

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_ρ	STEPHANLE BETZ	9447 LAKE LOTTA CIRCLE GOTHA FLORIDA 34734
2) Change Add Remove	_ρ	BRIAN LAWLET	7509 EXCHANGE DRIVE ORLANDO, FL. 32809
3 ) Change Add Remove	<u></u>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artical Artica	(Be specific)	NA	
		,	
· ···			
	• •		
			<u> </u>
If an amendment provides for an exch	ange, reclassificati	on, or cancellation of is	sued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not conta	ined in the amendmen	t itself:
,		N/A	
		,	
111. 111. 111.			
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: 01 01 2012
Effective date if applicable:	01/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
_	
by the shareholders was/were a	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes case	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	01/01/2012
Signature	Stuphenin ketz
(Ву а	director, president or other officer if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	StEPHANIE BETZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)