

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TAMPA HOSPITALITY MANAGEMENT INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: TAMPA HOSPITALITY MANAGEMENT INC.					
DOCUMENT NUM	DOCUMENT NUMBER: P13000055112				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Cheyenne Moseley				
		Name of Contact Person	1		
	LegalZoom.com, Inc.				
		Firm/ Company			
	100 W. Broadway Suite 10	00			
		Address			
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	City/ State and Zip Code				
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Cheyenne Moseley	of Contact Person	at (323			
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	□\$43.75 Filing Fcc & Certificate of Status	✓S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
אוע	usion of corborations	Divisio	n or corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

15 SEP -3 ATTIO: 22

	.10	a tractation of the
	Articles of Incorporation of:	TALLAHASSEE, FLORIE
TA	MPA HOSPITALITY MANAGEMENT	•
(Name of Corporation as curi	ently filed with the Boxida Dept. of St	HE)
, ,	P13000055112	
(Document Nu	mber of Curporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Staunes, this Florida Profit Con	pioration adopts the following sinendment(s)
A. If unending name, enter the new name of	f the corporation:	
name must be distinguishable and contain "Corp.," "Inc. " or Co.," or the designation word "chartered," "professional association."	"Corp." "Inc." or "Co". A profession	The new rincorporated" or the abtreviation and corporation name must contain the
B. Enter new principal office address, if au (Principal office address MUST BE A STREE	plicable: ET ADDRESS)	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	EE BOX)	
D. If amending the registered agent aud/or new registered agent and/or the new reg	registered office address in Florida, en Istored office address:	ter the name of the:
Name of New Registered Agent	Martines	· ·
	(Florida street address)	nd t iddeasted dannings of gealnills
New Registered Office Address:		Florida
	(Ctry)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered.	agent. I am familiar with and accept the	-
Signatu	re of New Registered Agent if changing	

Example:

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:

Propresident; V-Vice President; To 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. Fresident, 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 in 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 us Remove, and Sally Smith, SV as an Add.

X Change	PT John	Nos	
X Remove	Y. Mike	Jones	
_X; Add	SV Sally	Smith.	
Type of Action (Check One)	Tide	Name	Address
I)Change	S.	CURTIS CLARKE	1709 LEYBOURNE LOOP
Add			WESLEY CHAPEL, FL 33543
2)Change	7		
Arid			
3.1 Change			
Add			
4) Change:			
Add			
5)Change			The section of the se
Add		·	
6)Change	**************************************		
Add			
Remove			· No sund it for such a surface of his household by Applicated Print Market Surface of the Surface Surface of the Surface of t

Page 6 of 7	9/3/2015 6:14:26 AM PDT	13239628300 From: Amanda
E. If amending or adding add (Attach additional sheets, if	litional Articles, enter change(s) here: necessary): (Be specific)	

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		roperate and supplications and an electronic research
F. If an amendment provides provisions for implement	for an exchange, reclassification, or cancellation of issued sha ing the amendment if not contained in the amendment itself:	res.
(if not applicable, ind.	caté N(A)	
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The date of each amendment(s) adoption: 8/6/2015 date this document was signed.			
Effective date if applicable: (no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)			
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required;			
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.			
Dated 8/35/15			
Signature Soulaw Worksley			
(By a director, president or other officer & if directors or officers have not been			
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
Beulah Hemsley			
(Typed or printed name of person signing)			
President			
(Title of person signing)			