P190000 60129

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Document Number)
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10/16/19--01006--025 **\$5.00

2019 CCT 16 PH 3: 49

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Hospitality Leade ATION:	ers Inc.	
DOCUMENT NUMB	P19000060129		
		3 1 C CT	
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jason Frimmel		
•	Hospitality Leaders Inc.	Name of Contact Persor	1
	4945 Hollystone Lane	Firm/ Company	
•	Tallahassee, FL 32312	Address	
-		City/ State and Zip Code	2
jason	frimmel2@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jason Frimmel		850 at (544-1272
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

to Articles of Incorporation

of

Hospitality Leaders Inc.		n 0 m
(Name of Corporation P19000060129	as currently filed with the Florida Dept. of State for 16	PN 3:49
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following ar	nendment(s) to
A. If amending name, enter the new name of the corp	poration:	
	Th	ie new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbrewing, or "Co". A professional corporation name must conabreviation "P.A."	eviation tain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>ESS</u>)	
C. P. A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Cod	le)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.	
Signat	ure of New Registered Agent, if changing	

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	
	y	Sean Githens	9171 Old Chemonie Road	
1) Change Add			Tallahassee, FL 32309	
Remove				
2) Change	V	Kevin Priest	2320 Armistead Road	
2) Change X Add			Tallahassee, FL 32308	
Remove			-	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			

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	<u>-</u>			
•				
an amendment provides for an exchorovisions for implementing the ame	ange, reclassification	on, or cancellation o sined in the amendm	<u>fissued shares,</u> entitself:	
(if not applicable, indicate N/A)				
			. ,	
			· · · ·	
·				

date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	adopted by the incorporators without shareholder action and shareholder
10/12/2	2019
Dated	
Cimatura	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) Jason Frimmel
	(Typed or printed name of person signing) Manager
	(Title of person signing)