P19000060129

(Requestor's Name)				
(Address)				
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(City/S	State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
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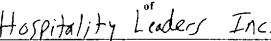
COVER LETTER

				A Company of the Comp
		COVER LETTER		90
TO: Amendment Section Division of Corpora				
NAME OF CORPORA	TION: HUSPIT	ality Leaders	Inc.	7
DOCUMENT NUMBE	DIANO	060129		1. Co 12.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
		n Frimmel		
	Hospin	Name of Contact Person Wality Leaders Firm Company Hallystane La	Inc.	
	4945	Hallystane La	ane	
	Tallaha	State and Zip Code	2312	
_		City/ State and Zip Code	;	
	jasonfri	mmel 2@ gmail	.com	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se cali:		
Tason	Frimmel	at (<u>85</u> 0	944-1272 de & Daytime Telephone Number	_
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & 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)	
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 ussee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

P19000060129

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	.'' or "Co". A p		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X</u>)		
D. If amending the registered agent and/or registenew registered agent and/or the new registered		s in Florida, enter	the name of the
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·
	(Florida street	address)	
New Registered Office Address:	(C.	ify)	, Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the obi	ligations of the position.
Sign	nature of New Regi	istered Agent, if cha	nging

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.

	ve, ana sai	uy Smiin, Sv as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
X Add	<u>SV</u>	Name Robert Frimmel Kimberly Tocci Kevin Priest	PO 5842 Sarajota, FL 34277 PO 5842 Sarajota, FL 34277 2320 Armisted Road Talladassee, FL 32308
Add			•
Remove			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Page 2 of 4	

E.	If amending	or adding	additional	Articles, enter	change(s) l	iere:

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

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	····
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y nor appreciate, material total)	
Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective data if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we		The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/	were sufficient for approval
by		<u></u>
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of direct	ors without shareholder action and shareholder
action was not required. Dated Signature	2/8/19	without shareholder action and shareholder
sel	ected, by an incorporator – if ir pointed fiduciary by that fiducia	
	Jason	Frimmel
	(Typed or print	ed name of person signing)
	Mana	zer
	(Title of person signing)	,