## L9900001406

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

FEB 2.8 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co				
SUBJECT:	Prime S	Sites USA, LLC		
SUBJECT:		ited Liability Company		
			¥ 144	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		CARL CARLSSON		
		Name of Person		
	F	Prime Sites USA, LLC		
		Firm/Company		
	· .	PO Box 327		
		Address		
	P	alm Harbor, FL 34682 City/State and Zip Code	<del> </del>	
		Chy/state and Zip Code		
	E-mail address: (	to be used for future annual repo	rt notification)	
For further information	concerning this matter, please of	call:	er 4: ra-	
(	Carl Carlsson	at (_727_)	771-9000 Daytime Telephone Number	
Name	of Person	Area Code &	Daytime Telephone Number	ſ
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	iclosed) Certified	te of Status &
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle	EB 27 PH BY 46 TARY OF STATE IASSEE, FLORIO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR	RIME SITES USA, LLC		
(Name of the Limited L	iability Company as it now appealorida Limited Liability Company)	rs on our records.)	<del></del>
(7.1	iorida Emined Emonity Company)		
The Articles of Organization for this Limited Liab	oility Company were filed on	03/11/1999	and assigned
Florida document number L99000014	<u>06                                    </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company her	<u>re</u> :	
FRAN	CHISE HOTELS USA, LLC	;	
The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
		<u> </u>	
B. If amending the registered agent and/or		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered offic	e address here:		20 SI
			707
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			ARY SSE
1,01,1,05,1516,05 011100 1140,055.	En	ter Florida street a	ddress;
		, Florida	TO ST
	City	,,	5, Zip Code
			gar war t

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Address Name \_\_\_ Add Remove ☐ Add Remove ☐ Add Remove ∏∧dd Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 24 FEB 2012 Signature of a member or authorized representative of a member Carl Carlsson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00