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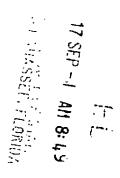
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## **COVER LETTER**

TO:		istration Sec sion of Corp						
		Selma Hosp	itality, LLC					
SUBJECT:Name of Limited Liability Company								
			Amendment and fee(s) are sub					
Please	return	all correspor	idence concerning this matter	to the following:				
			Samir Naran					
				Name of Person				
			Selma Hospitality, LLC					
				Firm/Company				
			730 S. Atlantic Ave					
				Address				
Ormond Beach FL 32176								
	snaran@PRMHotels.com							
				to be used for future annual r	eport notification)			
For fur	ther in	formation co	ncerning this matter, please ca	all:				
Samir	Naran			386 677	7-8882			
		Name of	Person	Area Code	Daytime Telephor	ne Number		
Enclos	ed is a	check for the	e following amount:					
\$2:	5.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Selma Hospitality, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{\text{July }13,2007}{\text{Liability}}$ and assigned Florida document number \_\_\_\_\_\_L07000072784 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 730 S. Atlantic Ave. Enter new principal offices address, if applicable: Ormond Beach FL 32176 (Principal office address MUST BE A STREET ADDRESS) 730 S. Atlantic Ave. Enter new mailing address, if applicable: Ormond Beach FL 32176 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
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Filing Fee: \$25.00