## 103000051252

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## **COVER LETTER**

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	olonial Hos	pitality, LLC											
SUBJECT:		Name of Limi	ted Liability Company										
		mendment and fee(s) are subr											
		Samir Naran											
			Name of Person										
		Colonial Hospitality, LLC											
			Firm/Company		<del></del>								
		730 S. Atlantic Ave											
			Address										
		Ormond Beach FL 32176											
			City/State and Zip Code	_	<del></del>								
		snaran@PRMHotels.com	o be used for future annual n	mana antitiontic	an)								
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	rmauon coi	ncerning this matter, please ca											
Samir Naran		386 677-8882 at ()											
	Name of I	Person	Area Code	Daytime Tele	phone Number								
Enclosed is a ch	neck for the	following amount:											
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		□ \$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

Colonial Hospitality, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L03000051252	were filed on December 9, 2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "LELC."
Enter new principal offices address, if applicable:	730 S. Atlantic Ave.	SEP
(Principal office address MUST BE A STREET ADDRESS)	Ormond Beach FL 32176	- n
Enter new mailing address, if applicable:	730 S. Atlantic Ave.	PH 12: 55
(Mailing address MAY BE A POST OFFICE BOX)	Ormond Beach FL 32176	₹* 
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	<del></del>
,	, Florida	
	City	Zip Code

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00