

W6000099307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 13 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

SHIRISH DOOLABH
2500 W. 33RD ST
ORLANDO, FL 32839

SUBJECT: HOTELVESTOR REAL ESTATE SOLUTIONS, LLC
Ref. Number: L06000099307

We have received your document for HOTELVESTOR REAL ESTATE SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00031619

SECRETARY OF STATE
TAMMI CLINE
ORLANDO, FLORIDA

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September 9, 2009

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Document Number L06000099307
HotelVestor Real Estate Solutions, LLC

Dear Sirs:

The following changes are hereby made to the organizational structure of HotelVestor Real Estate Solutions:

REMOVE:

Title MGR
MICHAEL HUBSCHMAN
825 N. GRANDVIEW AVE.
DAYTONA BEACH FL 32118

ADD:

Title MGR
RAND HUNT
3418 HANDY RD, STE 203
TAMPA, FL 33618

These changes are to be effective immediately. Thank you for your prompt attention to this matter.

Sincerely,



Shirish Doolabh
MGRM, HotelVestor Real Estate Solutions, LLC
2500 W. 33rd St.
Orlando, Florida 32839

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTELVESTOR ROM ESTATE SOLUTIONS, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHIRISH DOOLABH
Name of Person
HOTELVESTOR ROM ESTATE SOLUTIONS L.L.C.
Firm/Company
2500 WEST 33 RD STREET
Address
ORLANDO, FLORIDA 32839
City/State and Zip Code
SDOOLABH @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRISH DOOLABH at (407) 841 3731
Name of Person Area Code & Daytime Telephone Number

2005 OCT 12 PM 12: 29
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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**

HOTELVESTOR REAL ESTATE SOLUTIONS, L.L.C.

(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 _____ and assigned
Florida document number 206000099307

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

_____, 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL HUBSCHMAN	825 N. GRANDVIEW AVE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAND HUNT	3418 HANDY ROAD SUITE 203 TAMPA, FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 12 PM 12:29

FILED

Dated OCTOBER 8, 2009.



Signature of a member or authorized representative of a member

SHIRISH DOOLABH

Typed or printed name of signee