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(Cit	y/State/Zip/Phone #	<del>*</del> )
PICK-UP	MAIT	MAIL
(D.,	ain and Empire. No.	
(Bu	siness Entity Name	<del>?</del> )
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Charial Instructions to	Filing Officer	<u> </u>
Special Instructions to	Filing Officer.	

Office Use Only



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SEGRETARY OF STATE

D. BRUCE

APR 15 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corpora	tions	
subject:56	(Name of Limited Liability Company)	
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.	
Please return all corresponder	ace concerning this matter to the following:	
-	Colcen Hubbard (Name of Person)	
_	(Firm/Company)	
-	5079 N. Divie Huy #277	08 APR SEGRET
-	Oak law Park FZ 33334	ART ART
	(Onyrolate Zila Elip essay)	PH 12: LO
For further information conce	rning this matter, please call:	ORIII
(Name of Pe	thubband at (94 055-7820 (Area Code & Daytime Telephone Number	<b>→</b> 
Enclosed is a check for the fo	Howing amount:	
_	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Fili	te of Status &
		al 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

Sentinel Backup 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{1}{21\to 7}\$ \frac{1}{25}\$ \f
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Hotel Backup LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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:  5079 N. Divictor #277
(Enter Florida street address)  (City)  (Enter Florida 3333U  (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 Title **Name Address** Type of Action <u>Peter N. Chambers</u> MGRM 107 Ocean Cay Way □ Add Remove Davin M. Hubbard 5079 N. Dixie Huy #277.

Coleen N. Hubbard 5079 N. Dixie Huy #277

Coleen N. Hubbard 5079 N. Dixie Huy #277 Marm Add Remove 5079 N. Diviethuy #277 Oakland Book 12 33334 Mirm Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, 2008 Dated Signature of a member or authorized representative of a member Win Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00