## L07000120798

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
|                         |                    |             |
| (Ad                     | idress)            |             |
| (Ad                     | idress)            |             |
| (Cit                    | ty/State/Zip/Phone | ə #)        |
| PICK-UP                 | WAIT               | MAIL.       |
| (B)                     | isiness Entity Nan | ne)         |
| (Du                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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SECRETARY OF STATE OF

A BRIMM MAY 1 5 WIR

J. BRYAN

MAY 2 7 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration S<br>Division of Co | Section                                    |   | • i  |   |
|--------------------------------------|--|---|--|---|
| SUBJECT:                             | Parkview 14 (Name of Lim                   | aspitality Group  | IL, WC   |   |
| The enclosed Articles o              | f Amendment and fee(s) are sub             | omitted for filing.   | •  |   |
| Please return all corresp            | oondence concerning this matter            | to the following:   |  |   |
|                                      |  | Trea Wright (Name of Person)                                      |  |   |
|                                      | Pariciew 1                                 | Lospitality Croup I   | [, LLC   |   |
|                                      | 4303 Vir                                   | reland JZd., Svite A  | -12_   | SECRETAR<br>VISION OF C                                 |
|                                      | Orlando                                    | FL 32811<br>(City/State and Zip Code)                             |  | FILED STATIONS SECRETARY OF STATIONS OR MAY 23 PM 3: 40 |
| For further information              | concerning this matter, please of          | all:  |  | O   |
| Greg W                               | Priaht<br>e of Person)                     | at (407) 4039 - 2<br>(Area Code & Daytime                         | OOI 4-307<br>Telephone Number)   | _   |
| 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 Fe<br>Certificate of S<br>Certified Copy<br>(additional cop | Status &  |
| MAI                                  | MAILING ADDRESS: STREET/COURIER ADDRESS:   |   |  |   |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2008

GREG WRIGHT PARKVIEW HOSPITALITY GROUP II, LLC 4303 VINELAND RD., SUITE F-12 ORLANDO, FL 32811

SUBJECT: PARKVIEW HOSPITALITY GROUP II, LLC

Ref. Number: L07000120798

We have received your document for PARKVIEW HOSPITALITY GROUP II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Regulatory Specialist II Letter Number: 008A00030477



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited I  | Liability Company as it now appears on our reco  | LLC.  |  |
|---|--|---|--|
| (A)   | Florida Limited Liability Company)   |   |  |
| The Articles of Organization for this Limited Lia   | bility Company were filed on   | ≥ 007 and assigned  |  |
| Florida document number L07000120   | 2798.  | OB HA   |  |
| This amendment is submitted to amend the follow   | wing:  | THE DESTATE ON STATE OF CORPORATIONS 40 3: 40                 |  |
| A. If amending name, enter the new name of  |  | 3: 40   |  |
| The new name must be distinguishable and end with "L.L.C."  | the words "Limited Liability Company," the design  | gnation "LLC" or the abbreviation                             |  |
| B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:   |  |   |  |
| New Registered Office Address:  | NIA  |   |  |
|   | (Enter Florida street address)   |   |  |
|   | , FI   | , Florida   |  |
|   | (City)   | (Zip Code)  |  |
| New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as registered. | l agent and agree to act in this capacity. I fu<br>oper and complete performance of my dutie.<br>tered agent as provided for in Chapter 608, | s, and I am familiar with and<br>F.S. Or, if this document is |  |
| being filed to merely reflect a change in the recompany has been notified in writing of this c  |  | и те итиви навшу  |  |
|   | (If Changing Registered Agent, Signature   |   |  |
|   | (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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action Title <u>Name</u> Add Remove Add Remove  $\square$  Add Remove ∏Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member WRGG HT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00