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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -8 PM 12: 10

T. HAMPTON

OCT - 9 2009

EXAMINER

COVER LETTER

	istration Sect				
SUBJECT:		APOLLO H	OSPITALITY, LLC		
SUBJECT.			ited Liability Company		-
The enclosed	Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		JONATHAN SAWYER			
Name of Pers			Name of Person		
	ALBERTELLI LAW				
	Firm/Company				
	600 N WESTSHORE BLVD, SUITE 400			_	
			Address		
			TAMPA, FL 33609		
		IS A VACA	City/State and Zip Code	COM	
		E-mail address: (to be used for future annual report	notification)	_
For further in	formation cor	ncerning this matter, please of	eali:		
	JONATI	HAN SAWYER	at (813)	356-0222	
	Name of I	Person		aytime Telephone Num	her
Enclosed is a	check for the	following amount:			
\$25.00 Fil	ling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclosed)
		G ADDRESS:		URIER ADDRESS	:
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box Tallahass	6327 see, FL 32314	Clifton Buildi 2661 Executiv Tallahassee, F	ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

APOI	<u>LLO H</u> OSPITALITY, LLC	; !	
(Name of the Limited L	iability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on		_ and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here	:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company	y," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicab	le:		بن م کان
(Principal office address MUST BE A STREET.	ADDRECO)		0 6 0 0 0 0 0 0
Enter new mailing address, if applicable:			RETARY OF CORP
(Mailing address MAY BE A POST OFFICE BO	<u></u>		STATE ORATIONS
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on ou e address here:	r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	· Florida street addres	s
		, Florida	
-	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Address	Type of Action
MGRM	JASON ALBERTELLI	5200 BELFORT ROAD, SUITE 250 JACKSONVILLE, FL 32256	☑ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SEGRETAR SIVISION OF C 09 OCT -8
			PH 23
Dated	OCTOBER 7 , 200	9	- Solver
-	Signature of a member of		
		GE ALBERTELLI	
_	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00