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J. BRYAN

JUL 28 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOSPITALITY GUEST SERVICES LLC  
Name of Limited Liability Company

09 JUL 27 PM 3:07  
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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MARK H KOLE

Name of Person

HOSPITALITY GUEST SERVICES LLC

Firm/Company

11019 SW CYPRESS BLVD

Address

ARCA DIA FL 34269

City/State and Zip Code

MARK.KOLE@YOURFUNDINGHELP.COM

E-mail address: (to be used for future annual report notification)

mkole@sunstate SAVI-  
CARD.COM

For further information concerning this matter, please call:

MARK KOLE

Name of Person

at 941-875-9086  
941-286-0473 MK

Area Code & Daytime 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 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**

HOSPITALITY GUEST SERVICES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**VOID**  
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09 JUL 27 PM 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Assigned  
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The Articles of Organization for this Limited Liability Company were filed on 4/13/09

Florida document number L090000 35360

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

Daniel LaNovara (CEO)  
19182 Summerdown AVE  
P.O. FL, 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Daniel LaNovara (CEO)  
19182 Summerdown AVE  
P.O. FL, 33948

**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:

Daniel James LaNovara  
19182 Summerdown AVE  
Enter Florida street address  
Port Charlotte, Florida 33948  
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.

Daniel LaNovara  
If Changing Registered Agent, Signature of New Registered Agent

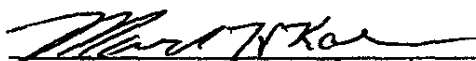
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MARK H KOLE	11019 SW CYPRESS BEND ARCADIA FL 34269	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Daniel LaNovara	18142 Summerdown AVE Port Charlotte FL 33949	<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.)

Dated 5/19/09, 2009



Signature of a member or authorized representative of a member

MARK KOLE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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