

L10000001517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

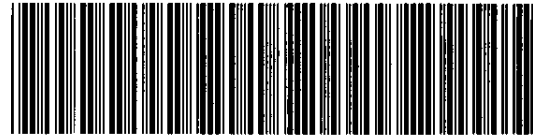
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 13 PM 12:05

T. HAMPTON

MAY 16 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HOTEL FFE, LLC**  
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:

**ADITI LELE**

Name of Person

**HOTEL FFE, LLC**

Firm/Company

**780 S. GULFVIEW BLVD**

Address

**CLEARWATER, FL 33767**

City/State and Zip Code

**aditilele@gmail.com**

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

For further information concerning this matter, please call:

**Aditi Lele**

Name of Person

at ( **727** ) **366-5070**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAY 13 PM 12:05

HOTEL FFE, 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 JAN 06, 2010 and assigned Florida document number L10000001517.

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:

780 S. GULFVIEW BLVD.

**(Principal office address MUST BE A STREET ADDRESS)**

CLEARWATER

FLORIDA, 33767.

Enter new mailing address, if applicable:

780 S. GULFVIEW BLVD.

**(Mailing address MAY BE A POST OFFICE BOX)**

CLEARWATER

FL, 33767

**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:

ADITI LELE

New Registered Office Address:

780 S. GULFVIEW BLVD.

*Enter Florida street address*

CLEARWATER

Florida

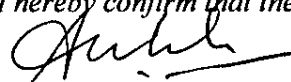
33767

*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	ADITI LELE	1900 GULF BLVD. BELLEAIR SHORE FL 33786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VANDANA RAMAIAH	2529 HARN BLVD #5 CLEARWATER FL 33764	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VANDANA RAMAIAH	2529 HARN BLVD #5 CLEARWATER FL 33764	<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

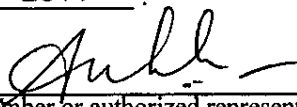
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAY 13 PM 12:05

Dated MAY 10, 2011



Signature of a member or authorized representative of a member

ADITI LELE

Typed or printed name of signee