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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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D. BRUCE

DEC 1 4 2010

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: | ACCOMMODATIONS R | ATING TECHNOLOGI | ES. LLC | |
|-------------------------------------|---|--|---------------------------------------|-----------|
| SUBJECT: | | ited Liability Company | | |
| | ticles of Amendment and fee(s) are sub correspondence concerning this matter | _ | | |
| | | David Phoeung | | |
| | | Name of Person | | |
| | ACCOMMODATI | ONS RATING TECHNOLO | GIES, LLC | |
| | | Firm/Company | | |
| | 6207 57th Ave N | | | |
| Address | | دو 17 17 | TIL 10 DEC 13 | |
| St Petersburg, FL 33709 | | | | |
| | | City/State and Zip Code | | |
| | d | phoeung@gmail.com to be used for future annual report notif | · · · · · · · · · · · · · · · · · · · | |
| For further inform | mation concerning this matter, please of | : | , | 108105 |
| | David Phoeung | at (_727) | 539-9630 | غريغ ا |
| | Name of Person | Area Code & Daytim | e Telephone Number | _ |
| Enclosed is a che ✓ \$25.00 Filing | eck for the following amount: Fee \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | | Status & |
| | MAILING ADDRESS: Registration Section Division of Corporations | STREET/COURI Registration Section Division of Corpor | n | |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCOMMODATIONS RATING TECHNOLOGIES, 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 | 3/8/2010 | and assigned | |
|---|-------------------------------|------------------------------|--|--|
| Florida document number L10000025933 | · | | | |
| This amendment is submitted to amend the following | : | | | |
| A. If amending name, enter the new name of the li | imited liability company he | re: | | |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Comp | pany," the designation | n "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | <u> </u> | |
| | | | | |
| | | | C 13 | |
| Enter new mailing address, if applicable: | | | The state of the s | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | of Riversion | |
| | · | | 50 R C | |
| | | | 9m 6 | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office a | | our records, ente | r the name of the new | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | E | Enter Florida street address | | |
| | , Florida | | | |
| | 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> | Address | Type of Action |
|--|-------------------------------------|--|---------------------------------|
| MGRM | Johnee Phoeung | 5596 58th Ave N St Petersburg, FL 33709 | ☐ Add ✓ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| <u>. </u> | | <u>·</u> | Add Remove |
| D. If amend | ling any other information, enter o | change(s) here: (Attach additional sheets, if nece | |
| | | | FILED DEC 13 PAIZ JHASSEE FLO |
| Dated | December 8 | 2010 | 36 36 37 38 38 |
| | , | ember or authorized representative of a member | |
| | | David Phoeung Typed or printed name of signee | |
| | | Page 2 of 2 | |

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Filing Fee: \$25.00