410000026290

(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
·							
(Document Number)							
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NOV -8 2010

EXAMINER

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2010 NOV -5 PM 4: 07 SECRETARY OF STATE TALLAHASSEE FLORIDA

COVER LETTER

TO:	Registration So Division of Co						
SUBJI	F.CT∙	Royal Internation	al Hotel & Suites,	LLC			
O Du	BC17		ed Liability Company				
		Amendment and fee(s) are submondence concerning this matter t	-		2010 NOV -5 SECORE THRE	てにい	
			Tony K Zraiqt		PH 4: 03.	Ţ	
			Name of Person				
	<u></u> [#•						
	Royal International Hotel & Suites,LLC Firm/Company						
	5401 South Kirkman Road,Suite 310						
							
	Orlando ,FL 32819						
	. City/State and Zip Code						
	tony@gdigreen.com E-mail address: (to be used for future annual report notification)						
For fu	rther information	concerning this matter, please ca		.,			
	To	ony K Zraiqat	at (407)	926-0240			
, ,.,,,,	Name	of Person	Area Code &	Daytime Telephone Numb	er		
Enclos	sed is a check for t	the following amount:					
☐ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is et		filing Fee, cate of Status & ceed Copy		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT : TO ARTICLES OF ORGANIZATION : OF

Royal International Hotel & Suits ,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 onMarch.09.2010 and assigned Elorida document numberL10000026290									
Florida document number L100000262	 '			1 2					
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 "LC" or the abbreviation									
"L.L.C."									
Enter new principal offices address, if applicat	5410 South Kirkman Road, Suite 310								
(Principal office address MUST BE A STREET	ADDRESS)	Orlando,FL ,32819							
Enter new mailing address, if applicable:	2303 Andrews Valley Dr								
(Mailing address MAY BE A POST OFFICE B	QX)	Kissimmee,FL,34758							
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: Tony K Zraiqat									
New Registered Office Address:	ddress: 5401 South Kirkman Road , Suite 310								
	Enter Florida street address								
		Orlando	, Florida _	32819					
		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

p.4

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** Walter H Foster IV 115 South Fieldin Ave Tampa FL 33606 ☐ Add √ Remove Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 08 2010 Dated Signature of a member or authorized representative of a member Tony K Zraiqat

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00