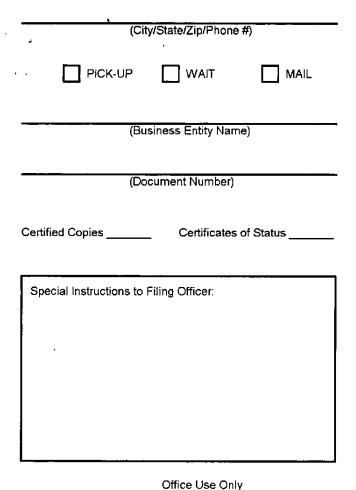
10000052662

JULIUS Scarleff
1771 west 3rd street - APT 232
LA CA 90017





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EXAMINER

N. CAUSSEAUX

JUN - 7 2010

EXAMINER



May 26, 2010

JULIUS SCARLETT 1221 WEST 3RD STREET, APT. 232 LOS ANGELES, CA 90017

SUBJECT: SCARLETT LUXURY TRAVEL & CONSULTING SERVICES L.L.C.

Ref. Number: L10000052662

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 710A00013307

COVER LETTER

TO: Registration Section Division of Corpor		g) •		
SUBJECT: Scarle E	1 Letter 1 Travel &	Consulting Services C ad Liability Company		
	Traine Of Billine	a Diaonity Company		
The enclosed Articles of Ame	ondment and fee(s) are subm	nitted for filing.		
Please return all corresponde	nce concoming this matter to	o the following:		
	,	! !	•	
_	Julius Scarle	<i>f</i> 4.		
-	Julius Scarle	Name of Person	(† — — — — — — — — — — — — — — — — — — —	
		; 1	; i	
_		Firm/Company		
		i i	:	
-	1221 west 3rd s	Address	.' 	
		i vodiesi	•	
_	LA.CA GOOT	City/State and Zip Code VIC 14 toso tality.cor be used for Juliure annual report not		
	-	City/State and Zip Code		
_	JSCALLEHOSON	vie 14 Hospitality. Cor	(Urestion)	
	ŕ			
For further information conce	eming this matter, please cat	ll: i	•	
Julius Scar	-lef4	" at (95/) 588- (1629	
TUITS Scarless at (951) 588 - 4625 Name of Person Area Code & Daytime Telephone Number				
			4 ·	
Enclosed is a check for the fo	ollowing amount:			
\$25,00 Filing Fec]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$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/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	Company as it now appears on our records.) Imited Liability Company)
(A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on May 17th, 2010 and assigned
Florida document number <u>Llocodo5 2662</u>	<u>-</u> ·
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limit	ted liability company here:
Scarlett Hospitality Group L.C.	. C.
The new name must be distinguishable and end with the word "L.L.C."	. C. Is "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1221 WY 3 8t. 90ite - 232 ESS) LA CA 90017
(Principal office address MUST BE A STREET ADDR.	ESS) LA CA 90017
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA Time
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	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

Page 1 of 2

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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:

itle	<u>Name</u>	Address	Type of Action
			Add Remove
			
· 			Remove
			[""] D -(
• •			Remove
			Add
. If amen	ding any other information, enter ch	ange(s) here: (Attach additional shea	
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	sone 6th . 2 Julius &)	7010	

Page 2 of 2

Filing Fee: \$25.00