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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John Fareed, 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:
Michael E. Long Name of Person
Brewer Long, PLLC Firm/Company
1800 Pembrook Dr., Ste. 300
Orlando, FL. 32810 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Long Name of Person at (407) 660-2964 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee & \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

John tareed,	LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	y Company were filed on Mau	26,2010 and assigned
Florida document number LI 00000 5700	<u>)8</u> .	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
John-Fareed Hospitality	Consulting . LLC	
The new name must be distinguishable and end with the value.		e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
• •		
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>	
		- C
		-
Enter new mailing address, if applicable:		₹ ફોંડો
(Mailing address MAY BE A POST OFFICE BOX)		Ģ
Manual address MAT BE A FOST OFFICE BOX		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.))
			_
			<u> </u>
Dated	Signature of a member	er or authorized representative of a member	
	Турей	d or printed name of signee Page 2 of 2	

Filing Fee: \$25.00