L10000081956

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T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

Naples International Pavilion, 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:

David J. Lester

Name of Person

Exposition Management Services LLC

Firm/Company

28100 Bonita Grande #303

Address

Bonita Springs, Florida 34135

City/State and Zip Code

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

For further information concerning this matter, please call:

David J. Lester

___239 \ 949**-**541

Name of Person

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

FILIED SEGRETARY OF STATE DIVIDED OF CORPURATIONS

12 DEC 25 PM 12: 16

Naples International Pavillon, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L10000081956	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Exposition Management Services, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	28100 Bonita Grande #30	3
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34135	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
	Enter Florida street ad	dress
	, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name | <u>Address</u> Type of Action Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
All information remains the same except change of name
11/10/2012
Dated 11/19/2012,
- Var lets
Signature of a member or authorized representative of a member
David J. Lester
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00