Page 1 of 1

## Diasion of Corporations

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000202858 3)))



H100002028583ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BOND, SCHOENECK & KING, PLLC

Account Number: I20010000122 : (239)659-3800 Phone

Fax Number : (239)659-3812

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Mike@napleshotelgroup.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARAMOUNT LODGING ADVISORS OF FLORIDA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

C. LEWIS

SEP 1 4 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

(((H1000D2D2858 3)))

COVER LETTER ,
TO: Registration Section Division of Corporations
SUBJECT: Paramount Lodging Advisors of Florida, 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:
C. Neil Gregory
Name of Person
Bond, Schoeneck & King PLLC
Firm/Company
4001 Tamiami Trail North, Suite 250
Address
Naples, FL 34103
City/State and Zip Code
Mike@napleshotelgroup.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
C. Neil Gregory at ( 239 ) 659-3844
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \bigsip\\$30.00 Filing Fee & \bigsip\\$55.00 Filing Fee & \bigsip\\$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &

**MAILING ADDRESS:** Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

FIL E0937004

(((H10000202858 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 SEP 13 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Paramount Lodging Adv	VISORS OF FIC	onda, LLC	<del></del>		
(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 v	vere filed on	August 31, 2010	_ and assigned		
Florida document numberL10000091579					
This amendment is submitted to amend the following:					
A TF amount in a many and an Alice warm and a feet a March 2 M	te				
A. If amending name, enter the new name of the limited liabil	ity company de	<u>:re:</u>			
The new name must be distinguishable and end with the words "Limite	d Liability Comp	eany," the designation "LLC	" or the abbreviation		
"L.L.C."			·		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	<del></del>				
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		our records, enter the	name of the new		
registered agent and/or me new registered office audress here.					
Name of New Registered Agent:					
Name of New Registered Agent.			······································		
New Registered Office Address:		nter Florida street addres	_		
	E,i	nter Floriag street aaares	S		
	· ————	, Florida			
· ·	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
Thought magnitudes and the surviving state of a sur			4		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple	i io aci in inis o te performance	upacny. 1 juriner agree of my duties, and I am	to compty with familiar with and		
accept the obligations of my position as registered agent as pr	ovided for in C	hapter 608, F.S. Or, if t	his document is		
being filed to merely reflect a change in the registered office a	ddress, I hereb	y confirm that the limite	d liability		

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

(((H10000202858 3)))

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	<u>Name</u>	Address	Type of Action
MGR	Michael G. Bou-Sliman	7569 Cordoba Circle Naples, FL 34109	Add Remove
			Add Remove
			Add Remove
<del></del> .			Add Remove
<del></del>			Add
	<del> </del>		AddRemove
D. If an	ending any other information, enter Article V is added to the Article	change(s) here: (Attach additional sheets, if	f necessary.)
	ARTICLE V-MANAGEMENT	or organization as tonova.	
	,	anaged company. The name and add ou-Sliman, 7569 Cordoba Circle, Nap	<del></del>
Dated	September 13	2010 A	2010 SEP
	[	nember or authorized representative of a member Bregory, authorized representative Typed or printed name of signee	SSS &
		Page 2 of 2 Filing Fee: \$25.00	AM 9: 81 OF STATE E.FLORIDZ

(((H10000202858 3)))