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SECTION ASSEE, FLORIDA

N. Culligan NOV 1 - 2011

COVER LETTER

Division of Corporations
SUBJECT: Tracessant Hospitality, 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:
Meghan Strart Name of Person
Interessant Hospitality, LC
P.O. Box 593834
Orlando, FL 32859 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meghan Struct at (201) 302-5837 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{Certificate of Status}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(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

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Interessant Hos	soitalitus 11 C SECRETALISM
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records HASSEE, FLORIDA
The Articles of Organization for this Limited Liability Compan	y were filed on 12 21 3010 and assigned
Florida document number LODO 130 122.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Interessant Hospitality
(Principal office address MUST BE A STREET ADDRESS)	9500 Satellite Blud Suite 140 Orlando, FZ 32827
nter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.	<u></u>
Name of New Registered Agent: Med	Shan Stuart Satellite Blud Suite 140
New Registered Office Address: 9500	Satellite Blud Suite 140 Enter Florida street address
<u>Orl</u>	Ondo, Florida 32827 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 ompany 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	<u> </u>	FILED 11 OCI 31 AM II: 47 SECREDAN OF STATE BALLAMASSEE FLORIDA
Dated Oct	ober 25th, 20	<u>) </u>	
	Matural	er or authorized representative of a member	

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Filing Fee: \$25.00