## L110000073561

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EXAMINER

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## **COVER LETTER**

TO: Registration S Division of C	Section orporations				
SUBJECT:	Old Munich Hospita	ality, LLC			
	Name of Limited Liability	Company			
The enclosed Articles	f Amendment and fee(s) are submitted for fil	ing.			
Please return all corres	condence concerning this matter to the follow	ing:			
		ranke			
Name of Person					
	Old Munich He	ospitality. LLC			
Firm/Company					
6152 14th St. W					
	Add	Iress		₹. 2	
Bradenton, FL 34207				2011 AUG SECKETA PALL'AHA	77
City/State and Zip Code				UG 26 PA ETHRY OF HASSEE, F	
ron@oldmunich.com  E-mail address: (to be used for future annual report notification)					ELLEJ I
For further information	concerning this matter, please call:	·	,		
	Ron Frankeat (	941 )	538-1864		•
Name	of Person	Area Code & Daytim	ne Telephone Number	r	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	Certificate of Status Certif	Filing Fee & ied Copy ional copy is enclosed	d) Certified	ite of Status &	

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

Old Muni	ch Hospitality, LLC	<u> </u>	
(Name of the Limited Liability (A Florida I	Company as it now appea cimited Liability Company)	<u>rs on our records.</u> )	
The Articles of Organization for this Limited Liability C Florida document numberL11000073561	ompany were filed on	06/23/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation "l	
Enter new principal offices address, if applicable:		•	**
(Principal office address MUST BE A STREET ADDR	PESS)		(c) <b>(2)</b>
<b>,</b>			AUG 26
Enter new mailing address, if applicable:		alug	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street ada	ress
		, Florida	2: 0 !
	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 = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGRM Ronald Franke 6152 14th St W ✓ Add Bradenton, FL 34207 Remove Doris Franke MGRM 6152 14th St W **✓** Add Bradenton, FL 34207 ☐ Remove ☐ Add Remove Remove Premove W D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 23 2011 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Ronald Franke Typed or printed name of signee

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Filing Fee: \$25.00