

U2000049755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

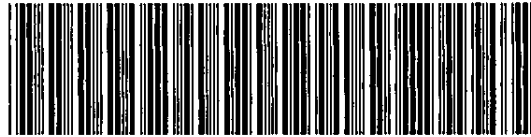
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 30 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 29 PM 3:56

FILED

U2-49755

☐ Corporate/Development
2393 Townsgate Road, Ste. 100
Westlake Village, CA 91361
805-557-7300 • 888-582-2378
Fax: 805-557-7303

VANTAGESM

Hospitality Group, Inc.

Marketing ☐
7181 Chagrin Road
Chagrin Falls, OH 44023
440-893-9269 • 888-316-2387
Fax: 440-247-2294

☐ Tour & Travel
3300 N. University Dr., Ste. 500
Coral Springs, FL 33065
954-575-2668 • 877-311-2378
Fax: 954-575-8275

Corporate/Financial X
3300 N. University Dr., Ste. 500
Coral Springs, FL 33065
954-575-2668 • 877-311-2378
Fax: 954-575-8275

May 23, 2012

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: BrownNester – Florida, LLC

Dear Sir/Madam:

Enclosed is the original executed Articles of Amendment to Articles of Organization together with our trust account check number 1041 in the amount of \$25.00 for the filing fee regarding the above-referenced.

If you should have any questions, please do not hesitate to contact our office.

Sincerely,

VANTAGE HOSPITALITY GROUP, INC.


Karen Budreau
Legal Assistant

/kb
Enclosure

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2012 MAY 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BrownNester - 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:

Bessie P. Petroutsas

Name of Person

c/o Vantage Hospitality Group, Inc.

Firm/Company

3300 N. University Drive, Suite 500

Address

Coral Springs, Florida 33065

City/State and Zip Code

bpetroutsas@vantagehospitality.com

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

For further information concerning this matter, please call:

Bessie Petroutsas

Name of Person

at (954) 575-2668 (ext. 149)

Area Code & Daytime Telephone Number

FILED
2012 MAY 29 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BrownNester - Florida LLC

(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 were filed on April 12, 2012 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gary Rito	3300 N. University Drive - Suite 500 Coral Springs, Florida 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brown Nester Hospitality S	3300 N. University Drive - Suite 500 Coral Springs, Florida 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bernard T. Moyle	3300 N. University Drive - Suite 500 Coral Springs, Florida 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please note the full name of of Brown Nester Hospitality Services, Inc. added
a MGRM to BrownNester - Florida, LLC. In addition, please note EIN number
for BrownNester - Florida LLC as 32-2445865. Thank you.

Dated

May 10

2012

Signature of a member or authorized representative of a member

Gary Rito, Member

Typed or printed name of signee

SECRETARY OF STATE
FLORIDA
MAY 29 PM 3:55

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