Page 1 of 2



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALENA HOSPITALITY

Account Number : 120140000023

Phone

: (407)641-2611

Fax Number

: (800) 263~1102

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOIDA CAPITAL, LLC

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Corporate Filing Menu

Help

COVER LETTER

14140002355333

TO: Re

Registration Section
Division of Corporations

SUBJECT: NOICA (apt ta) LLC
Name of Limited Lightlity Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nikesh A. Patel			
Name of Person			
Pirn/Company			
7335 W. Sand Lake Rd, 3te.	397	\mathcal{C}	
Address			
Orlando, FL 32819	色	2014	
City/State and Zip Code		2014 OCT	amilia.
E-mail address: (to be used for Address annual report notification)	SSE SYRY	20	PRESE.
For further information concerning this matter, please call:	mic	>	
Nikesh A. Patel ac	13(S).	ö	ne sprjete State sky
Name of Person Area Code Daytime Telephone Number	- 12 July 1	90	

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) Sectificate 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

H1400023555333

	<u> </u>
Moida Capita (Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 12000)	Company were filed on 123 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here;
The new name must be distinguishable and end with the words "Li	inited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	700 CCD
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	The second secon
(Mailing address MAY BE A POST OFFICE BOX)	وي به الله
	06
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent	ena Hospitality, LLC
New Registered Office Address:	55 W. Sand Lake Rd, Se 390 Enter Florida street address
\triangle	Jando Rorida 32819

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 605, 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

Page 1 of 3

H14000a355333

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = AMBR ⇒	Manager Authorized Member	1111000	
<u>Title</u>	Name	Address	Type of Action
AR_	William R. Huseman	7335 W. Sund Lake Rd.	□ Adđ
		STE 390	Remove
		Orlando, Fl 32819	1
		·	D Add
			□ Remove
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	tach additional sheets, if necessary.) H14000235
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	le and camitol be more than 50 days after
Dated OCTOBER 7, 2014.	4/
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	W .

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Filing.Fee: \$25.00

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