

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.

(((H14000206312 3)))



H140002083123ABCT

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 : ALENA HOSPITALITY

Account Number : I20140000023

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 ALENA HOSPITALITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP - 4 2014

T CLIN.

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT: Alena 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:

William R. Huseman

Name of Person

William R. Huseman, PA

Finn/Company

7335 W. Sand Lake Road, STE 390

Address

Orlando, Florida 32819

City/State and Zip Code

whuseman@jaxattys.com

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

For further information concerning this matter, please call:

William R. Huseman

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

■ \$30.00 Piling Fee & Certificate of Status □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$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, PL 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

Alena Hospitality, LLC			
(Name of the Limited Liability Com (A Florida Limite	many as it now app of Liability Compan	cars on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	October 11, 2012	_ and assigned
Florida document number L12000129615			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis		<i>\$</i> *	78E
The new name must be distinguishable and end with the words "Limited L	iability Company,"	he designation "LLC" or the abb	roviation "Lage."
Enter new principal offices address, if applicable:		ř	7
(Principal office address MUST BE A STREET ADDRESS)			SAY OF
			± .
			\$\frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Enter new mailing address, if applicable:			21 <u>21</u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address ere:	on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		-	
New Registered Office Address:	P (lorida street address	
	Enter P	ioriaa sireet aaaress	
79.7.	- au	, Florida	Zin Code
	City		ZIP Code
New Registered Agent's Signature, if changing Registered Agen			

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

H14000021355 3143

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Jay S. Witzel	7335 W Sand Lake Road	 □ Add
		Suite 390	■ Remove
		Orlando, Florida 32819	2014 2014
AMBR	Joydeep Sarkar	7335 W. Sand Lake Road	ZONE TO ANACO
		Suite 390	SA CONTROL SERVICE
		Orlando, Florida 32819	9 21 8 74TE 1807.10
AMBR	Shamir J. Patel	7335 W. Sand Lake Road	■ Add
		Suite 390	Remove
		Orlando, Florida 32819	_
AMBR	Gayle L. Edwards	7335 W. Sand Lake Road	_■ Add
		Suite 390	□ Remove
		Orlando, Florida 32819	_
AMBR	Michael Swasey	7335 W. Sand Lake Road	■ Add
		Suite 390	_□ Rentove
		Orlando, Florida 32819	
AMBR	Matthew Malamut	7335 W. Sand Lake Road	_ = Add
		Suite 390	□ Remove
		Orlando, Florida 32819	_

			_		
		_	—		
Effective date, if other than (The effective date must be specified this date this document is filed by	cannot be prior to date of receipt or filed date and cannot be more than 90	optional) days after			
The effective date must be specific the date this document is filed by t	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State)	optional) days after			
(The effective date must be specific	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State)	optional) days after			
The effective date must be specific the date this document is filed by t	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State) 2014	optional) days after	SE FALI	2014	
The effective date must be specific the date this document is filed by t	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State) 2014 Signature of a member or anthorized representative of a member	optional) days after	SESRE FALLEAH	2014 SEF	

Page 3 of 3

Filing Fee: \$25.00