

11/09/2012 12:54

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CLARA GIRALDO, P.A.

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# L12000141934

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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

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HOTEL ANARU, LLC.**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HOTEL ANARU, 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 11/08/12 and assigned  
Florida document number L12000141934.

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 "LLC."

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:

EL GATRIE MIZHER, FAHD

New Registered Office Address:

1536 NATURE TRAIL

Enter Florida street address

KISSIMMEE

Florida

34746

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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CLARA GIRALDO P.A

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As indicated by 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


H12 000 2681233.

Title	Name	Address	Type of Action
MGR	MIZHER, EL GATRI F.	1536 NATURE TRAIL. KISSIMMEE, FL 34746.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JIMENEZ, VICTOR.	1536 NATURE TRAIL. KISSIMMEE, FL 34746.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EL GATRI F MIZHER, FAHD	1536 NATURE TRAIL. KISSIMMEE, FL 34746.	<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.)

CHANGE NAME: MGR: EL GATRI F MIZHER, FAHD  
1536 NATURE TRAIL.  
KISSIMMEE, FL 34746.

Dated \_\_\_\_\_

  
Signature of member or authorized representative of a member

Typed or printed name of signer

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