

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name Account Number: I20140000023

: ALENA HOSPITALITY

Phone

(407) 641-2611

Fax Number

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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 1855 S. RIDGEWOOD, LLC

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

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Oct. 8. 2014 1:38PM

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COVER LETTER

TO:

Registration Section Division of Corporations

STIR TROYE

1855

S. Ridgewood,

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

Please return all correspondence concerning this matter to the following:

MUKESH A. Patel Name of Person		
alena Hospitality, LLC	2014 ČCT	
7335 W. Sand Lake Rd., Ste 390	ûст -8	antegra erreans erreans
Orlando, FL 32819 City/State and Zip Code	AH 88 2	£
E-mail address: (to be used for future annual report notification)	íñ.	

For further information concerning this matter, please call:

Nikesh A. Patel	at ()	
Name of Person	Area Code	Daytime Telephone Number

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) □ \$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

1+140002355133

ARTICLES OF ORGANIZATION
OF

1855 S. Ridalwad ILC (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 3112013 and assigned Florida document number 1300032079
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: Olana Hospitaly, LLC
New Registered Office Address: 735 W. SUNCI LAKERA. St. 390 Enter Florida street address
Orlando, Florida 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

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No. 1372 P. 4/5

If amending the Managers or Authorized Member on our records, et	iter the title, name, and address of each Manager or
Authorized Member being added or removed from our records:	H14000 2355133
MGR = Manager	111400000000000000000000000000000000000
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
AR	William R. Husen	Man 9957 Moorings Di	_ □ Add
		Suite 201	Remove
	,	DCKSONILLE, FL 3	32257
AR_	Mikesh A. Patel	1335 W. Sand Lake Rd	
		Sutte 390	Emove
		Orlando, FL 328	Binove
			8 F
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Oct. 8. 2014 D. If amending any	1:39PM other information, enter change(s) here: (Attach ada	No. 1372 P. 5/5 Idilional sheets, if necessary.)	3
(The effective date mu	other than the date of filing: so be specific, cannot be prior to date of receipt or filed date and cannot is filed by the Plorida Department of State)	(optional) mot be more than 90 days after	
	Signature of a member or authorized presental NUKLSH A. HOHEL Typed or printed name of signed		
		2014 00T -8 SECNETARN FALLAHASSI	

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Filing Fee: \$25.00