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TALLAHASSEE, FLORIDA

2 Shivers FEB 04 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brandon Hotel, 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:

Mercedes G. Hale, Esq.

Name of Person

Law Offices of Mercedes Gonzalez Hale, PA

Firm/Company

26907 Foggy Creek Road, Suite 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

mhale@mghlaw.com

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

For further information concerning this matter, please call:

Mercedes G. Hale

813

973-8900

Name of Person

at (_____)_____
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

Brandon Hotel, LLC

The Articles of Organization for this Limited Liability Company were filed on April 16, 2013 and assigned Florida document number L13000055610.

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pathmanath DeSilva	1936 Bruce B. Downs	<input checked="" type="checkbox"/> Add
		Unit 176	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33544	
MGR	DP Business Management	1936 Bruce B. Downs	<input type="checkbox"/> Add
		Unit 176	<input checked="" type="checkbox"/> Remove
		Wesley Chapel, FL 33544	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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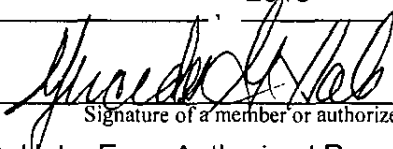
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. 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 and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 16, 2015



Signature of a member or authorized representative of a member

Mercedes G. Hale, Esq., Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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