

Oct. 8, 2014 1:50PM  
Division of Corporations

L130000

92310

Page 1 of 2

H140002355363

Florida Department of State  
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.**

((H14000235536 3)))



H140002355363ABC8

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT -8 AM 8:16

FILED

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

Email Address: nikpatel2001@gmail.com

RECEIVED

14 OCT -8 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALENA PRODUCTION, LLC

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

H140002355363

Electronic Filing Menu

Corporate Filing Menu

Help

Oct. 8. 2014 1:50PM

No. 1377 P. 2/5

**COVER LETTER**

H140002355363

TO: Registration Section  
Division of Corporations

SUBJECT: Alena Production, 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:

Nikesh A. Patel  
Name of Person

Alena Hospitality, LLC  
Firm/Company

7335 W. Sand Lake Rd., Ste 390  
Address

Orlando, FL 32819  
City/State and Zip Code

nikpatel2001@gmail.com  
E-mail address: (to be used for future annual report notification)

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

H140002355363

Oct. 8. 2014 1:50PM

No. 1377 P. 3/5

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H140002355363

Alena Production, 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 6/27/2013 and assigned  
Florida document number L13000092310

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:

New Registered Office Address:

Alena Hospitality, LLC

7335 W. Sand Lake Rd., Ste 390

Enter Florida street address

Orlando

City

, Florida

32819

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 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

H140002355363

Oct. 8. 2014 1:50PM

No. 1377 P. 4/5

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:

H140002355363

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	William R. Huseman Esq.	7335 W. Sand Lake Rd. Ste. 390 Orlando, FL 32819	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

H140002355363

Oct. 8. 2014 1:50PM

No. 1377 P. 5/5

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

H140002355363

**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 October 7, 2014.

Signature of a member or authorized representative of a member

Nukesh A. Patel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2014 OCT -8 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H140002355363