

L13 000121071

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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ALENA HOSPITALITY SSL, 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**

Firm/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

at ( **321** ) **558-7116**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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  
ARTICLES OF ORGANIZATION  
OF**

**ALENA HOSPITALITY SSL, 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 AUGUST 27, 2013 and assigned  
Florida document number L13000121071.

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)**

7335 W. SAND LAKE ROAD

SUITE 390

ORLANDO, FLORIDA 32819

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7335 W. SAND LAKE ROAD

SUITE 390

ORLANDO, FLORIDA 32819

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending 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

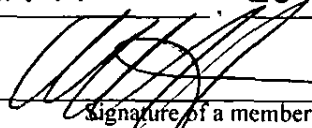
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	TIMOTHY G. FISHER	7335 W. SAND LAKE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 390	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32819	
MBR	SANJAY S. SRINIVASAN	7335 W. SAND LAKE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 390	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32819	
MGRM	NIKESH A. PATEL	7335 W. SAND LAKE ROAD	<input type="checkbox"/> Add
		SUITE 390	<input checked="" type="checkbox"/> Remove
		ORLANDO, FLORIDA 32819	
MBR	NIKESH A. PATEL	7335 W. SAND LAKE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 390	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32819	
MGR	WILLIAM R. HUSEMAN	7335 W. SAND LAKE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 390	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32819	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated **DECEMBER 11** 2013



Signature of a member or authorized representative of a member

**WILLIAM R. HUSEMAN**

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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