

L13000/33419

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H140002355463

**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.

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**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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2014 OCT - 8 AM 8:12

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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.\*\***

Email Address: nikpate12001@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  
SURI HOSPITALITY INTERNATIONAL, LLC

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

OCT - 9 2014

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H140002355463

Oct. 8. 2014 2:03PM

No. 1385 P. 2/5

**COVER LETTER**

H140002355A63

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Suri Hospitality International, 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

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

H140002355A63

Oct. 8. 2014 2:04PM

No. 1385 P. 3/5

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H140002355463

Suri Hospitality International, 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 9/20/2013 and assigned  
Florida document number L13000133419

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:

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

H140002355463

Oct. 8. 2014 2:04PM

No. 1385 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:

MGR = Manager

AMBR = Authorized Member

H140002355463

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

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AM  
CLERK OF COURT  
HONOLULU

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Oct. 8. 2014 2:04PM

No. 1385 P. 5/5

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

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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

NIKESH A. Patel

Typed or printed name of signee

FILED  
OCT 8 2014  
TALLAHASSEE, FLORIDA

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Page 3 of 3

Filing Fee: \$25.00

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