

Oct. 8. 2014 1:29PM

Division of Corporations

No. 1369 P. 1/5

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L14000015592
H140002355203
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.

(((H140002355203)))



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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

****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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALENA CAPITAL MANAGEMENT, LLC**

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

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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TALLAHASSEE, FLORIDA

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10/9/14

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alena Capital Management, 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H140002355203

Alena Capital Management, 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 1/29/2014 and assigned
Florida document number L14000015592

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
Orlando, Florida 32819
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 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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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shamir J Patel	7335 W Sand Lake Rd Suite 390 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AR	William R. Huseman, Esq.	9957 Moorings Dr Ste 201 JACKSONVILLE, FL 32257	<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

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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

Nukesh A. Patel

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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