

L14000060326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

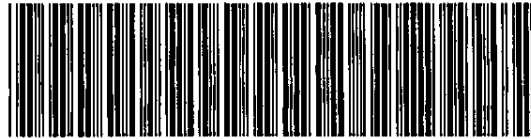
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279074537

11/13/15--01013--013 **25.00

FILED

2015 NOV 13 P 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2015
11:00 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Exhibitors Hotel Reservations Services 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:

Kareem ElRamly

Name of Person

Exhibitors Hotel Reservations Services LLC

Firm/Company

6 Schoolhouse Ln

Address

Matawan, NJ 07747

City/State and Zip Code

kareem@ehotelers.com

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

For further information concerning this matter, please call:

Kareem ElRamly

at ()

305

901-1557

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 13 P 12:19

FILED

Exhibitors Hotel Reservations Services LLC

Page 1 of 3

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	Shaddy ElRamly	6 Schoolhouse Ln	<input checked="" type="checkbox"/> Add
		Matawan, NJ	<input type="checkbox"/> Remove
		07747	
MGR	Mahmoud ElRamly	6 Schoolhouse Ln	<input checked="" type="checkbox"/> Add
		Matawan, NJ	<input type="checkbox"/> Remove
		07747	
AMBR	Kareem ElRamly	723 David Laird Ln	<input type="checkbox"/> Add
		Lehigh Acres, FL	<input checked="" type="checkbox"/> Remove
		33974	
MGR	Kareem ElRamly	723 David Laird Ln	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL	<input type="checkbox"/> Remove
		33974	
AMBR	Ekram Husien	723 David Laird Ln	<input type="checkbox"/> Add
		Lehigh Acres, FL	<input type="checkbox"/> Remove
		33974	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

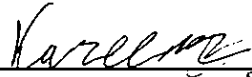
FILED
 2015 NOV 13 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 October 16, 2015



Signature of a member or authorized representative of a member

Kareem ElRamly

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 NOV 13 P 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED