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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED



COVER LETTER

Division of Co				
SUBJECT: Exhibito	ors Hotel Reservations S	ervices LLC		
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	Kareem ElRamly			
		Name of Person		
	Exhibitors Hotel Res	servations Services LLC		
	 	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	6 Schoolhouse Ln			
		Address		
	Matawan, NJ 07747	,	2015 NOV	-11
		City/State and Zip Code		و شیبههیری حسیبست
	kareem@ehotelers.c	OM to be used for future annual report notifica	winn Sign T	
For further information	concerning this matter, please c	•	空名 TD	Ū
Kareem ElRamly		305 901-1557	STATE FLORIDA	
Name	of Person		elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exhibitors Hotel Reservations Se	rvices LLC	
(Name of the Limited Liabi (A Florid	ity Company as it now appears on our record la Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability (Florida document number L1400060326	Company were filed on <u>04/14/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LL	.C" or incrabbre ion "L.L.C."
Enter new principal offices address, if applicable:		2 5 11 E
(Principal office address MUST BE A STREET ADD	RESS)	ASS
		W W
Enter new mailing address, if applicable:		12: 0R
(Mailing address MAY BE A POST OFFICE BOX)		\$ D
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ls, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	rss
	, F	lorida
	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

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>	Address	Type of Action
MGR Sh	Shaddy ElRamly	6 Schoolhouse Ln	■ Add
		Matawan, NJ	□ Remove
		07747	
MGR	Mahmoud ElRamly	6 Schoolhouse Ln	_ Add
		Matawan, NJ	☐ Remove
		07747	
AMBR	Kareem ElRamly	723 David Laird Ln	
		Lehigh Acres, FL	■ Remove
		33974	
MGR.	Kareem ElRamiy	723 David Laird Ln	Add
		Lehigh Acres, FL	Q Remove
		33974	TALLE OR TO A T
AMBR Ekram Husi	Ekram Husien	723 David Laird Ln	Add Add
	Lehigh Acres, FL 33974	Lehigh Acres, FL	Remove
		33974	₽ • • • • • • • • • • • • • • • • • • •
			Remove

ir amending any other finor matton, enter tha	nge(s) here. (Attach daditional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after of State)
Dated October 16	2015
Varrelun	,
Signature of a me	ember or authorized representative of a member
Kareem ElRamly	
Т	vned or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE FALLAHASSEE, FLORID,