Florida Department of State Division of Corporations

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(((H14000235541 3)))



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Electronic Filing Menu

Corporate Filing Menu

Help

•	COVER LETTER
то:	Registration Section Division of Corporations 1-11400023554
SUBJE	Name of Limited Liability Company
The end	osed Articles of Amendment and fee(s) are submitted for filing.
Please	turn all correspondence concerning this matter to the following:
	Nukesh A. Patel Name of Person
	alena Hospitality, LLC
	7335 W. Sund Lake Rd., Stc 390 3
	Orlando, FL 32819 City/State and Zip Code
	Michael 2001 @ amail. Com E-mail address: (to be used for future annual report notification)
For fuit	er information concerning this matter, please call:
NL	Name of Person at (
Enclose	is a check for the following amount:
\$25	10 Filing Pee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

H1400023555413

ARTICLES OF AMENDMENT

H140002355413

ARTICLES OF ORGANIZATION

(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 401 2014 and assigned Florida document number 400 440 600 600 600 600 600 600 600 600
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: New Registered Office Address: 1335 W. Sund Lake Rel. Steel address
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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No. 1393 P. 4

	2014 11:17AM	No. 1:	393 P. 4
MGR = M	iviember being added or removed from	on our records, enter the title, name, and addrour records:	ess of each Manager or 2355413
	uthorized Member		
Tide AR	Willam R. Huseman, Esq	Address 7335 W. Sandlake Suite 390 Orlando, Fl 3281	Remove
			Add Remove
			□ Add □ Remove
			Add
			□ Add
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If amending any other information, enter change(s) here: (Attac	14140002?	5554
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date as	(optional)	
the date this document is filed by the Florida Department of State)	All Callid to Mills man 20 days area	
Dated VIDDE T, 0014.		
Signature of a member or authorized repr	resentativ of a member	2
Signature of a member or authorized repr		28 4 0CT -9 PM

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Filing Fee: \$25.00