Division of Corporations Department of State

Division of Corporations **Electronic Filing Cover Sheet** H14000235522

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(((H14000235522 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ALENA HOSPITALITY

Account Number : I20140000023

Phone Fax Number : (407)641-2611 : (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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALENA AND SURI I-DRIVE INVESTMENTS I, LLC

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

OCT 0 9 2014

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COVER LETTER

H14000 235522

TO: Registration Section
Division of Corporations

SUBJECT: Alena and Sur 1-Drive Investments Flic

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:		
Mikesh A. Patel	SECRE	
Name of Person		1
alena Hospitality, LLC	- 第1 - 32	8 5
Firm/Company		12
7335 W. Sand Lake Rd., Ste.	390	
Address		
Orlando, Fl 32819		
City/State and 2ip Code		
nikiatel 2001 @ gmail.com	_	
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Nikish A. Pottel	at ()	
Name of Person	Arca Code	Day(ime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee \$25.00 Filing Fee \$25.00 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

H140002355223

Oct. 8. 2014 1:31PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H14000 235522:

Olina and Suri I-Drive Investments, ut

OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number 11 1000 800	ed on 5 15 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and end with the words "Limited Liability Comp	Not desired and the second sec
The new name must be distinguishable and end with the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	331 T =
(Principal office address MUST BE A STREET ADDRESS)	the contraction of the contracti
	위기 N
Enter new mailing address, if applicable:	學所 寿
<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	
Deland	lress on our records, enter the name of the new DSPUTALLY, LLC And Lake Rd, Sto 390 Enter Florida street address Company of the new of the
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 donfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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No. 1368

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AR.	William R HUSEMan	7335 W. Sand Lake R	Add
		Suite 390	Remove
		Suite 390 Orlando, Fi 3281	9
			□ Add
			□ Remove
			<u> </u>
			Add
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			_□ Add

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□ Remove

-Gct. 8. 2014 1:32PM	No. 1358 P. 5/5
. If amending any other information, enter change(s) here: (Attach addi	itional sheets, if necessary.)
	H 14000235522
	111900020000
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 prior to date of receipt or filed date and cannot be specific.)	ot be more than 90 days after
the date this document is filed by the Florida Department of State)	
A A 1 1 - A 2	/
Dated Y-1006 V	/
Dated OCTODEV 7, 2014	/
Dated (X TODE V), OOL	/
	ve of a member
Signature of a member or authorized representati	ve of a member

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Filing Fee: \$25.00

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