

L14000084667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

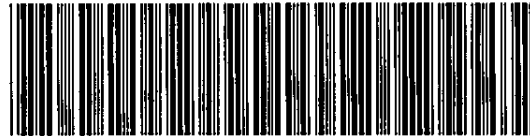
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Surch APR 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Convention Hotel 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:

Reem Abdul Fattah

Name of Person

Convention Hotel Services LLC

Firm/Company

328 Scarlet Bugler Lane South

Address

Jacksonville, Florida 32225

City/State and Zip Code

ralbeiruty@yahoo.com

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

For further information concerning this matter, please call:

Reem Abdul Fattah

at (**904**)

220-2534

Name of Person

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

Convention Hotel 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

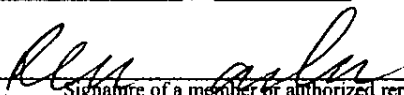
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Reem Abdul Fattah	328 Scarlet Bugler Ln S, JAX, FL 32225	☐ Add
			☐ Remove
MGRM	Wasfi Al Mosawi	328 Scarlet Bugler Ln S, JAX, FL 32225	☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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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 04/09, 2015



Signature of a member or authorized representative of a member
Reem Abdul Fattah

Typed or printed name of signee