

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000235529 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALENA HOSPITALITY

Account Number : I20140000023 Phone

: (407)641-2611

Fax Number

: (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 7411 INVESTMENTS, LLC

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Page Count	01
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OCT - 9 2014

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: TUIL INVESTMENTS, LLC
Name of Limited Lightility Company

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

Please return all correspondence concerning this matter to the following:

NUKLSH M. Patel Name of Person		
allna Hospitality, LLC		
Tage 10 Sand Lava Dd Cle 2000	25/4 OCT	
Address Address	0CT -8	*FF.NEC
Orlando FL 32819  City/State and Zip Code	ilea.	
DI KPA+C 200 @ GMQII COM  B-mail address: (to be used for future annual report notification)	8: 50	-

For further information concerning this matter, please call:

NUKESH A Patel	at ()_	
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

No. 1374 P. 3/5

## ARTICLES OF AMENDMENT TO

4140002355293

ARTICLES OF ORGANIZATION
OF

741 In Vestments (Name of the Limited Liability Company)	es it now appear on our records)
(A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number 4 COCC 847. H	ere filed on 25 31 3014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	iy company here;
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7AL
(Principal office address MUST BE A STREET ADDRESS)	50 8 TO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	OF 60
	фе- <b>О</b>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	HOSP HAUTY UC  Sand Lake Rd., Stc 390  Enter Florida street address
<u>'Crlan</u>	City, Florida 32819
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accent the appointment as registered agent and gores	to act in this canacity. I further agree to comply with the

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 695, 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,

unture of New Registered Agent

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Oct. 8. 2014 1:58PM

No. 1374 P. 4/5

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 4140002355293

Title	Name	Address	Type of Action
1AR	Wullam Rithuseman	7335 W Sand Lake	Rd - Add
		Suite 390	
		Orando, FL 328	
		77 77	Remove
		(h (h (m	Co I
			© Remove
		•	□ Add
			Remove
			Remove

Oct. 8. 2014 1:59PM	No. 1374	
<ol> <li>If amending any other information, enter change(s) here: (Attach a</li> </ol>	additional sheets, if necessary.) H14000835	L 200
	414000930	-50-10
	<del>-</del>	
	•	
. 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 co	pinot be more than 90 days after	
the date this document is filed by the Florida Department of State)  Dated (Y'HOW Y T AU)		
Dated UTONY 1 , OCT 9.	W	
Signature of a member or authorized represer	stative of a member	
Nukesh A Patel		
Typed or printed name of sig	nee	
	35 (	<b>3</b>
		26H4 GCT
	7. (m. ).	

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Filing Fee: \$25.00