

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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.

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OCT - 8 2014

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Oct. 8. 2014 1:48PM

H140002355323

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alla Laboratories, LLC

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

Please return all correspondence concerning this matter to the following:

Nikesh A Patel		
alena Hospitality, LC		
7335 W Sund Lake Rd., Ste 390	2014 OC	n nga t
Orlando, FL 32819	-8 ₽	1
City/State and Zip Code City/State and Zip Code	1 69 29	the state of

For further information concerning this matter, please call:

Nukesh A. Patel	()18	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Pee & 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

Oct. 8. 2014 1:49PM

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ARTICLES OF AMENDMENT

H140002355323

TO ARTICLES OF ORGANIZATION OF

ulina laborati	DVIES, LLC
(Name of the Limited Linbility Compan (A Florida Limited Li	y as it now appéars on our records,) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 1454 This amendment is submitted to amend the following:	overe filed on DO 12 2014 and assigned
A. If amending name, cuter the new name of the limited liabil	lity company here:
	20 <u>20 20 20 20 20 20 20 20 20 20 20 20 20 2</u>
The new name must be distinguishable and end with the words "Limited Liabil	
Enter new principal offices address, if applicable:	SE I was
(Principal office address MUST BE A STREET ADDRESS)	me m
Enter new mailing address, if applicable:	70 29 29 29 29 29 29 29 29 29 29 29 29 29
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Drian	City, Florida 32819
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 Figurature of New Registered Agent

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No. 1375 P. 4/5

Title FAR	Name William R. Husenvan	Address 7335 W. Sand Lake R Suite 340	Remove
AMBR	Matthew P. Davies		Cl.□ Add
		Orlando, FL 3281	2011 APT - Prove Part A
			Add Remove
-, ,			□ Add
	<u>, , , , , , , , , , , , , , , , , , , </u>		

	. 8. 2014 1:49PM amending any other information, enter change(s) here: <i>(Attach additional sheet</i>	No. 13/5 P. 5/5
D. H.	imending any other intormation, enter enauge(s) here. (Anach daditional Sheet	<u>H140</u> 00235532
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the	ted OCTOBEY 7, 2014.	
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	Signature of a member or authorized representative of a memb	

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Filing Fee: \$25.00

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