

Oct. 8, 2014 1:56 PM
Division of Corporations

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L14000097683

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H140002355423

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

2014 OCT - 8 AM 8:27
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nlpatel2001@gmail.com

RECEIVED
14 OCT - 8 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NPSSS, LLC**

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

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A. LUNT

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Corporate Filing Menu

Help

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No. 1382 P. 2/5

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NPSSS, 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:

Nikesh A. Patel
Name of Person
Alena Hospitality, LLC
Firm/Company
7335 W. Sand Lake Rd., Ste 390
Address
Orlando, FL 32819
City/State and Zip Code
nikpatel2001@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2014 OCT -8 AM 8:27
TALLAHASSEE, FL

For further information concerning this matter, please call:

Nikesh 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

H140002355A23

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

4140002355A23

NPSSS, LLC

(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 6/18/2014 and assigned
Florida document number 414000097683

This amendment is submitted to amend the following:

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:

Arena Hospitality, LLC
7335 W. Sand Lake Rd., Ste 390
Orlando, Florida 32819
City Zip Code

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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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sanku S Srinivasan	7335 W Sand Lake Rd Suite 390 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AR	William R. Huseman, Esq	7335 W Sand Lake Rd Suite 390 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 October 7, 2014.

Signature of a member or authorized representative of a member

Nikish A. Patel

Typed or printed name of signee

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Filing Fee: \$25.00

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