

Division of Corporations

L140000105644

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000030694 3)))



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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : LIGHTSEY & ASSOCIATES, PA  
 Account Number : I20060000130  
 Phone : (407) 622-0025  
 Fax Number : (407) 622-0026

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: snaran@prmhotels.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WC HOSPITALITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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INFORMATION SERVICES

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T. Surck FEB 15 2015

From: LIGHTSEY & ASSOCIATES PA

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02/05/2015 15:10

#585 P.002/005

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WC Hospitality, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Samir Naran

Name of Person

WC Hospitality, LLC

Firm/Company

930 N. Atlantic Avenue

Address

Daytona Beach, FL 32118

City/State and Zip Code

snaran@prmhotels.com

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

For further information concerning this matter, please call:

Samir Naran

at ( 386 ) 677-8882

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WC HOSPITALITY, 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 07/02/2014 and assigned Florida document number 114000105644

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 "LLC"

Enter new principal offices address, if applicable:

5639 Oakley Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

5639 Oakley Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Wesley Chapel, FL 33544

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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:

Enter Florida street address

Florida

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

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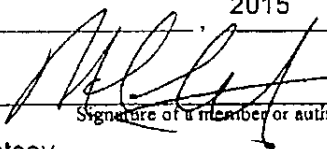
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 5, 2015



Signature of a member or authorized representative of a member

Alton L. Lightsey

Typed or printed name of signee

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