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# **COVER LETTER**

SUBJECT: Madeira Hotel Investors 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:
Kevin Bruxen Name of Person
Madeira Hotel Investors ILC.
15015 Madeira Way
Macleira Beach, F2. 33708  City/State and Zip Code  Kbouklen 077 @ grail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Lambert at (774) 348-3110  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section Division of Corporations** 

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

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madeira, Ho	Otel Investors LICFILED
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	2313 NOV - 4 A H: ₩2
The Articles of Organization for this Limited Lia	
Florida document number <u>\$1-281533</u>	HALLANASSEL, FLORMA
This amendment is submitted to amend the follo-	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	hle:
(Principal office address MUST BE A STREET	
Trincipal office address MOST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	2OX)
B. If amending the registered agent and/o	r registered office address on our records, enter the name of the
registered agent and/or the new registered off	ice address here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	Sip 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 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

## or removed from our records:

MGR = Manager

**AMBR** = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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