Florida Department of State Division of Corporations

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(((H14000235545 3)))



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To:

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From:

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: ALENA HOSPITALITY

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: (407)641-2611

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OCT - 9 2014

10/7/2014

COVER LETTER 4140002355453

TO:

Registration Section Division of Corporations

SUBJECT: 500 Ham Iton Ployia, 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:

Nukesh A. Patel
Name of Person
alena Hospitality, Lic
7335 W. Sand Lake Rd., Ste. 390
Address
Orlando, FL 32819
City/State and Zip Code
Nikpatel 2001 @ Gmail: Com E-mail address: (to be used for dilurc annual report notification)
E-mail address: (to be used for talture annual report notification)

For further information concerning this matter, please call:

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 Pee,
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, PL 32301

H140002355453

ARTICLES OF AMENDMENT TO

H140002355453

ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document nunber 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Malline 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: Enter Florida street address Florida

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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No. 1384

Ot t. 8. 2014 2:09PM No. 1384 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:

	Manager Authorized Member	1+14000239	55 453
Title	<u>Name</u>	Address	Type of Action
AR_	William R. Huseman, Esq.	7335 W. Sand Late Rd	
	t octavious steady	Suite 390	Remove
		Orlando, Fl 32-819	_
			Add
			C Remove
			□ Add
			_□ Remove
			□ Add
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			_□ Add
			_□ Remove

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D. If amending any other information, enter change(s) here: (Attach additional si	No. 1384 P. 5/5
D. 11 amonting any other intermation, enter change(s) nere. (Anter accumonar s)	heels, if necessary.) 1414000235545
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated OCTOBLY 7, 2014.	
Signature of a member or authorized representive of a member of authorized representive of	ember
KUVaclan Datai	

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Filing Fee: \$25.00