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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALENA HOSPITALITY

Account Number :

T20140000023

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. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALENA HOSPITALITY SSL, LLC

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## COVER LETTER

TO: Registration Section

Division of Corporations Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Ccitified Copy

CR2E055 (12/13)

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed) 1. Name of limited liability Company as it ap s on the records of the Florida Department of 2. Jurisdiction of its organization: 3. Date authorized to do business in Florida: SECTION II (4-7 complete only the applicable changes) 4. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.E.C." or "LLC.") 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: 6. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate William & Miserrain 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is a anized. Signature of the authorized representative

Filing Fee: \$25.00

Typed or printed name of signee