

L070000101899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

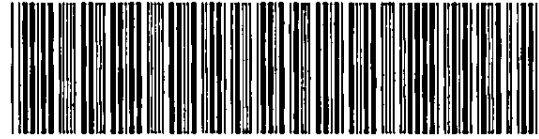
(Business Entity Name)

(Document Number)

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17 AUG 25 AM 10:58  
TALLAHASSEE, FLORIDA

S. WARREN  
AUG 29 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shah Hospitality Partners 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:

Nina Osbahr  
Name of Person

Liberty Group  
Firm/Company

800 S Harbour Island Blvd  
Address

Tampa, FL 33602  
City/State and Zip Code

nosbahr@libertygrouphotels.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nina Osbahr at 813 280-2000 x20  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Shah Hospitality Partners 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 10/8/07 and assigned Florida document number L07000101899.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

800 S Harbour Island Blvd, Tampa, FL 33602

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

800 S Harbour Island Blvd, Tampa, FL 33602

**(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:

800 S Harbour Island Blvd

*Enter Florida street address*

Tampa

*City*

Florida 33602

*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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OCT 25 AM 11:58  
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Raxit Shah	201 N Franklin St 2570	<input type="checkbox"/> Add
		One Tampa City Center	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
MGR	Raxit Shah	800 S Harbour Island Blvd	<input checked="" type="checkbox"/> Add
		Tampa, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Punit Shah	201 N Franklin St 2570	<input type="checkbox"/> Add
		One Tampa City Center	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
MGR	Punit Shah	800 S Harbour Island Blvd	<input checked="" type="checkbox"/> Add
		Tampa, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COUNTY CLERK'S OFFICE

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 22, 2017

*PSU*

Signature of a member or authorized representative of a member

Punit Shah

Typed or printed name of signee

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STATE OF FLORIDA