

L21000503333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

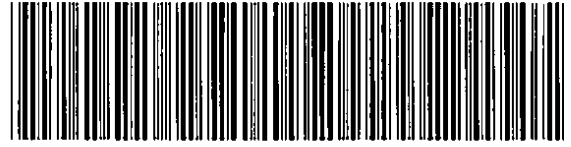
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE

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69

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SIDDHI HOSPITALITY ORLANDO LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIDDHI HOSPITALITY ORLANDO 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:

HERMAN SINGH

Name of Person

HERMAN SINGH & ASSOCIATES, INC

Firm/Company

600 RINEHART ROAD SUITE 2008

Address

LAKE MARY, FL 32746

City/State and Zip Code

HSA.TAXES@GMAIL.COM

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

For further information concerning this matter, please call:

HERMAN SINGH

407 831-1399

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SIDDHI HOSPITALITY ORLANDO 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 11/24/2021 and assigned Florida document number 1.21000503333.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

ASHISHKUMAR P PATEL

New Registered Office Address:

8419 FOXWORTH CIRCLE

Enter Florida street address

ORLANDO

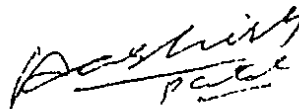
City

Florida 32819

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

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>
AMBR	ASHISHKUMAR P PATEL	8419 FOXWORTH CIRLCE	<input type="checkbox"/> Add
		ORLANDO , FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	POOJA PATEL	3077 ACACIA BAY AVE	<input checked="" type="checkbox"/> Add
		WESLEY, CHAPEL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PINKEYBEN PATEL	30624 CHESAPEAKE BAY DR.	<input checked="" type="checkbox"/> Add
		WESLEY , CHAPEL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HETALKUMARI PATEL	1010 CONTINENTAL AVE	<input checked="" type="checkbox"/> Add
		CANTON , MI.48188	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUKESHKUMAR PATEL	3077 ACACIA BAY AVE	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DILIPKUMAR R PATEL	30624 CHESAPEAKE BAY DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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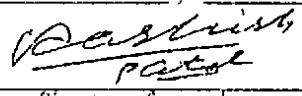
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRET
 FEDERAL BUREAU OF INVESTIGATION
 2021 DEC 27 AM 8 45

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 22ND DECEMBER, 2021



Signature of a member or authorized representative of a member

ASHISHKUMAR P PATEL

Typed or printed name of signer

Filing Fee: \$25.00