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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

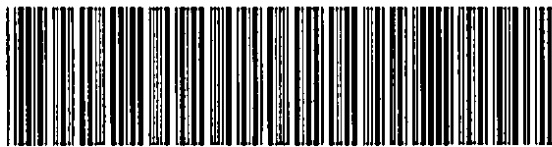
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SECTION OF 2000 ELECTION

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:

SUSHRUT K. PANDYA, ESQ.
Name of Person

PANDYA LAW, P.A.
Firm/Company

5401 S. KIRKMAN ROAD, SUITE 310
Address

ORLANDO, FL 32819
City/State and Zip Code

SUSHRUT@SKPLAWS.COM
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

SUSHRUT K. PANDYA 407 926-0345
Name of Person at () 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 & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

SIDDH 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 L21000503333

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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 FOX WORTH CIRCLE, ORLANDO, FL 32819	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	POOJA PATEL	3077 ACACIA BAY AVENUE	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PINKEYBEN PATEL	30624 CHESAPEAKE BAY DRIVE	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HETALKUMARI PATEL	1010 CONTINENTAL AVE, CANTON, MI 48188	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KETANKUMAR DESAI	14541 WARD ROAD, ORLANDO, FL 32824	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AXAY PATEL	4724 N. Orange Blossom Trail, ORLANDO, FL 32810	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

DEATH OR INCAPACITY OF MEMBER(S): In the event of either death or incapacity of any of the above

stated Members, his/her Shares and interest in this Company shall pass to and immediately vest in the

the legal heirs of such deceased or incapacitated member.

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DIVISION OF CORPORATIONS

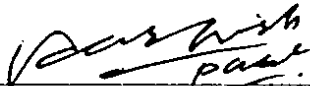
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 2022



Signature of a member or authorized representative of a member

ASHISHKUMAR P. PATEL

Typed or printed name of signee