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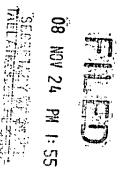
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S. HAWKES
NOV 2 5 2008
EXAMINER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Shubh I	Hotels Boca, LLC		
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Carol A. Ciappina		
•	Carol A. Clappilla	(Name of Person)	
		,	
	Shubh Hotels Boca, LLC		
		(Firm/Company)	
	701 NW 53rd Street		
	7011447 3514 511661	(Address)	
	Boca Raton, FL 33487	(0) (0) 171 (0.1)	<u> </u>
	,	(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Carol A. Ciappina		at (561) 982-9700 x103	
(Name of Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a check for th	ne following amount:		
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shubh Hotels Boca, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	W. C	
The Articles of Organization for this Limited Liab	ulity Company were filed on March 5, 2002	and assigned
Florida document number L02000005218	•	8 T
This amendment is submitted to amend the follow	ring:	72
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, ce address here:	enter the name of the new
		
New Registered Office Address:	(Enter Florida s	treet address)
	, Flo	orida
	(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 608, 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)

Is amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGR Pritesh P Patel ■ Add 8579 Eagle Run Drive Boca Raton, FL 33434-5431 ■ Remove Remove Add 🗖 ☐ Remove r Add ⊤ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11/21/2008 Shanadare of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00