

L05000107205

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : Financial Accounting Services
Account Number : I20020000012
Phone : (407) 423-2371
Fax Number : (407) 423-7226

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DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SAVOY HOSPITALITY, LLC

Certificate of Status	1
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J. BRYAN

SEP 19 2008

EXAMINER

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September 18, 2008

FINANCIAL ACCOUNTING SERVICES

FLORIDA DEPARTMENT OF STATE
Division of CorporationsSUBJECT: SAVOY HOSPITALITY, LLC
REF: L05000107205FILED
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You ask to remove two members and add one member, we don't list members we list managers or managing members

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

FAX Aud. #: H08000216562
Letter Number: 208A00050611

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H080002165623

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVOY HOSPITALITY, 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:

AZINA KANJI

(Name of Person)

FINANCIAL ACCOUNTING SERVICES PLC

(Firm/Company)

730 W. COLONIAL DR

(Address)

ORLANDO, FL 32804

(City/State and Zip Code)

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For further information concerning this matter, please call:

AZINA KANJI at (407) 423-2371 X112
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H080002165623

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 SEP 18 AM 8:11

SAVOY HOSPITALITY, 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 November 3, 2005 and assigned
Florida document number L05000107205

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 end with 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:

New Registered Office Address:

(Enter Florida street address)

(City) Florida (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)

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If 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ASHISH NURANI	5621 WINDHOVER DR ORLANDO FL 32819	☐ Add ☒ Remove
MGR	MOEZ NURANI	5621 WINDHOVER DR ORLANDO FL 32819	☐ Add ☒ Remove
MGR	SAVOY CREST USA, L.L.C.	5621 WINDHOVER DR ORLANDO FL 32819	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated SEPTEMBER 15, 2008



Signature of a member or authorized representative of a member

ZAHIR KANJI, CPA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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DIVISION OF CORPORATIONS
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