LD5000120559

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COVER LETTER

TO: Registration S Division of Co	ection rporations		
subject: <u>E</u>	ite Hotels, LCC Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Thakor	- Pate Name of Person	
	Elite	Hotels, LLC	
		Firm/Company	
	2771 F	Pillsbury Way	
	Welling	ton, FL 33414 City/State and Zip Code	
	Sp. bren E-mail address: (i	twood e amail. com	ution)
For further information of	concerning this matter, please c	all:	
Suketu Name (Patel of Person	at (<u>\$61)</u> 310 - 72 Area Code & Daytime T	
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Hotels, 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 12 19 2005 and assigned Florida document number LO5000120559.
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 Enter Florida street address
City , Florida Zy 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Thakor Patel	2771 Pillsbury Way, Wellingto FL, 33414	Add ☐ Remove
MGRM	Jayantilal Patel	2200 US HWY 441 SE Okeechobee, FL 34974	▲ Add Remove
MGRM	Suketu Patel	2771 Pillsbury Way Wellington, FL 33414	_ ☐ Add _ ☑ Remove
M6RM	Paresh Patel	2216 Widener Terrace Wellington FL 33414	Add _ _ X Remove
MERM	Symit Patel	2771 Pillsbury Way Wellington FL 32414	_∐Add _ ⊠ Remove —
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	Add Remove
			_ _
·			_
Dated	7/30/2010	·	_
-	Signature of a member of Surety Pate Typed or	r authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00