LC6000118983

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Special Instructions to E	iling Officer	
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COVER LETTER

	Registration Se Division of Co				
SUBJEC	•	HOSPITALITY, LLC			
SUBSEC	··	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		ANN BLACK			
			Name of Person		
SMITH, THOMPSON, SHAW, ET AL.					•
	Firm/Company				
3520 THOMASVILLE ROAD, FOURTH FLOOR					
			Address		
		TALLAHASSEE, FL 3230	09		
			City/State and Zip Code		
		pateld69@hotmail.com			
		· ·	to be used for future annual report notific	ation)	
For further	r information c	oncerning this matter, please ca	all:		
ANN BL			850 893-4105 at ()		_
England i	Name o	f Person ne following amount:	Area Code Daytime	Telephone Number	RED Services
		_	FT MES OA FULL Page 0.	5 640 00 BW B	ee,
■ \$23.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	Status &

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

CAPITAL HOSPIT	ALITY, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	 -
The Articles of Organization for this Limited Liability Compa Florida document number L06000118983	ny were filed on 12/14/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	e 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 registered agent and/or the new registered office address h		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2 3
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	y. <u>~</u>

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>	Name	Address	Type of Action
MBR _	JAYESH PATEL	207 US HWY 231	□ Add
		PANAMA CITY, FL 32405	☐ Remove
			■ Change
MBR	NARESH PATEL	225 BECKRICH RD	
		PANAMA CITY BCH, FL 32412	☐ Remove
			■ Change
MGR	DHARMESH PATEL	3216 N. MONROE STREET	
		TALLAHASSEE, FL 32303	Remove
			Change
			□ Add
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and can block does not meet	not be prior to date the applicable st	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Purs nents, this date will n	uant to 605.0207 10t be listed as
the record specifies a delay) The 90th day after the re	ed effective date ecord is filed.	, but not an e	effective time, at	12:01 a.m. on t	he earlier of
Dated May	20	018		(y) (v) (v)	7 - 2
Ami -		 ,		(C)	
<u> </u>	•				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00