

LO7 000021590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

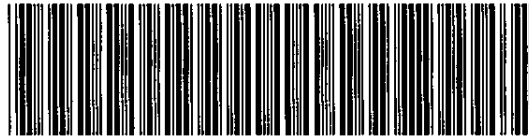
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

NOV - 6 2012

EXAMINER

LO7-21590

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

SHU HOTELS, 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:

SYED RAZA

Name of Person

BLUE WATER HOSPITALITY LLC.

Firm/Company

4970 KYNGS HEATH RD.

Address

MIAMI, FL 34746.

City/State and Zip Code

S9Raza@GMAIL.COM.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Syed Raza

Name of Person

at (*813*) *801-8126*

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SIMU 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 _____ and assigned
Florida document number _____.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SYED RAZA

New Registered Office Address:

~~28670 HWY~~ 4970 KINGS HORTON RD.

Enter Florida street address

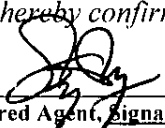
KIRKMAN HCEJ
City

Florida

R 34746
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

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	SYED RAZA	4112 W. HULLON AVE Tampa, FL 33607	☒ Add ☐ Remove
			☐ Add ☐ Remove
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TALLAHASSEE, FL 32304
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

LLC HAS ELECTED TO BE MANAGER
MANAGED INSTEAD OF MEMBER MANAGED,
OPERATING AGREEMENT HAS BEEN
AMENDED TO REFLECT THIS CHANGE.

Dated

October 31st, 2012

Signature of a member or authorized representative of a member

Prem Patel for golden Patel

Typed or printed name of signee

Page 3 of 2

Filing Fee: \$25.00

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