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## **COVER LETTER**

ro:	Registration Secti Division of Corpo			./	
		R & S Partne	ership LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company		
The er	nclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please	return all correspond	ence concerning this matter t	o the following:		
		М	anoj Bhoola		
			Name of Person		
		R&S	Partnership LLC		
	Firm/Company				
		4	5 Seton Trail		
			Address		
		Ormon	d Beach, FL 32176		
			City/State and Zip Code		
		mbhoola@elitehospitality.			
		E-mail address: (t	o be used for future annual report no	tification)	
For fu	irther information con	cerning this matter, please ca	11:		
Mano	oj Bhoola		386 255-2577 at ()		
	Name of P	erson	Area Code Dayti	me Telephone Number	
Enclo	sed is a check for the	following amount:			
<b>■</b> \$:	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

	S Partnership LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co lorida document number L07000048700	mpany were filed on	5/8/2007	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
Principal office address MUST BE A STREET ADDRI	<u></u>		31 V 35 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3
Enter new mailing address, if applicable:			9 , 4
Mailing address MAY BE A POST OFFICE BOX)			<u>π</u>
B. If amending the registered agent and/or registe		our records, ente	er the name of the
registered agent and/or the new registered office address  Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter Flo	rida street address	
Name of New Registered Agent:	Enter Flor	rida street address , Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address	Type of Action
MGR	Manoj Bhoola	45 Seton Trail	<b>■</b> Add
		Ormond Beach, FL 32176	Remove
			Change
AMBR	Ranjana Bhana	28 Talaquah Blvd.	
		Ormond Beach, FL 32174	□ Remove
			Change
			☐ Remove
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n effe	ive date, if other that ective date is listed, the da If the date inserted in t	the must be specific and	d cannot be prior to	o date of filing or m	ore than 90 days after greating the requirements, the	er filing.) Pursuant to 60 is date will not be li	05.02 sted :
cume	ent's effective date on	the Department of S	State's records.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>51</b> ,		
rec	ord specifies a de	layed effective of	date, but not	an effective (	ime, at 12:01	a.m. on the ear	lier
The	90th day after the	e record is filea.					
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		A					
	•	Signature of a	member or author	ized representative	of a member		

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