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(A	address)	
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(C	City/State/Zip/Phone	:#)
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T. HA

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	United Hospital	nited Liability Company)	
The enclose	ed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please retur	mall correspondence concerning this matte	er to the following:	
	SAM	NAME OF PERSON)	
	•	(Name of Person) Hospitality Group, LLC (Fills/Company)	
		LE SHORE DR. (Address)	
	Merrixt	Island, FL 32953 (City/State and Zip Code)	
For further i	information concerning this matter, please	call:	
	Bharat Patel (Name of Person)	at (321) 302-1869 (Area Code & Daytime Telephone Number	er)
. 🖍	a check for the following amount: Filing Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

· 5

08 MAR 24	SECRETARY DIVISION OF C
PM 3: 31	TARY OF STATE OF CORPORATIONS

Articles of Organization for this Limited Liabil	lity Company were filed on Mcr	2 14,2008 and assigned
rida document number <u>L 080000 27</u>		
s amendment is submitted to amend the following	ng:	
If amending name, enter the new name of the	e limited liability company here:	
*		the decimation "LLC" as the abbray
	e words "Limited Liability Company,"	the designation. Let of the above
C."		
C." If amending the registered agent and/or i	registered office address on our	
C." If amending the registered agent and/or i	registered office address on our address here:	
C." If amending the registered agent and/or i	registered office address on our	
C." If amending the registered agent and/or istered agent and/or the new registered office	registered office address on our <u>address here</u> : SAME	
If amending the registered agent and/or a istered agent and/or the new registered office Name of New Registered Agent:	registered office address on our address here: SAME	records, enter the name of the
C." If amending the registered agent and/or a stered agent and/or the new registered office Name of New Registered Agent:	registered office address on our address here: SAME	records, <u>enter the name of the</u>
	registered office address on our address here: SAME (Enter	records, enter the name of the

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Mana MGRM = Mar	ger naging Member		
Title	Name	Address	Type of Action
MGRM	Bharot Patel	271 LAKE SHORE DR. MERRITT ISAND, FL 32953	Add Remove
MGRM	Jagrut! Patel	271 LAKÉ SMORE DR. MERNITT ISLAND, FL 32953	_☑ Add _□ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CO
			PH 3: 31
Dated			_
	SAMIR	r authorized representative of a member B. PATEL printed name of signee	

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:

Page 2 of 2

Filing Fee: \$25.00