

L100000010147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

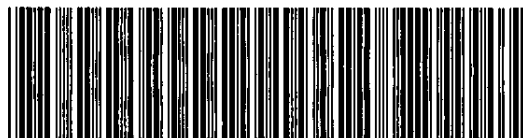
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280086103

01/25/16--01028--010 **25.00

FILED

2016 JAN 25 A 11: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYLINE 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:

RISHI S. BAGGA, ESQ.

Name of Person

SKYLINE HOTELS, LLC

Firm/Company

1724 N. ALAFAYA TRAIL

Address

ORLANDO, FL 32826

City/State and Zip Code

RBAGGA@SKYLINEHOTELS.US

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

For further information concerning this matter, please call:

RISHI S. BAGGA

407 808-8331

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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**

SKYLINE 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 JANUARY 28, 2010
Florida document number L10000010147

FILED
2016 JAN 25 A 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

and assigned

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 contain 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)

1600 GRAN VIA
ORLANDO, FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1600 GRAN VIA
ORLANDO, FL 32825

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:

JOGINDER S. BAGGA

New Registered Office Address:

1600 GRAN VIA

Enter Florida street address

ORLANDO

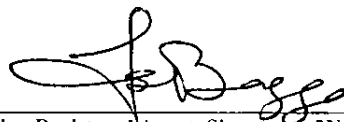
City

Florida 32825

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOGINDER S. BAGGA	1600 GRAN VIA	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PRAVEEN BAGGA	1600 GRAN VIA	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RISHI BAGGA	1600 GRAN VIA	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 JAN 25 A 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 JAN 25 A 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA