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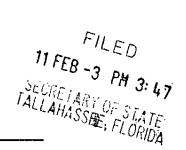
SEURETARY OF STATE
ALL ALLSSON, FLORIDA

K. SALY EXAMINER FEB 4 2011

COVER LETTER

TQ:	Registration S Division of Co				
SUBJECT: SHIVAM SUNDARAM HOTE			DARAM HOTELS LLC		
			ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Michael F. Kayusa		
			Name of Person		
Michael		Michael	F. Kayusa, Attorney at Lav	<u> </u>	
Firm/Company					
	2400 First Street, Suite 303				
Address					
		f	Fort Myers, FL 33901		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For fu	ther information	concerning this matter, please o	call:		
	Aį	oril McDaniel	at (239)	334-8200	
	Name	of Person	Area Code & Daytimo	: Telephone Number	
Enclos	ed is a check for	the following amount:			
√ 5 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHIVAM SUNDARAM 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 C	Company were filed on _	January 19, 2011	_ and assigned
Florida document numberL11000007738	·····		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company ł	<u>iere</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Con	npany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			on-
(Principal office address MUST BE A STREET ADDR	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre.	
	City	, Florida	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>	Address	Type of Action			
MGR_	Amisha Bhakta	4504 W. Northgate Dr. #49 Irving, TX 75062	Add _ ☑ Remove			
MGR	Mukesh Vyas	9922 Via Sand Marco Loop Fort Myers, FL 33905	Add Remove			
			Add Remove			
	,		Add Remove			
<u></u>			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)				
			_ _			
Dated	anuary 31, 201	<u>. </u>				
-	Signature of a member or	authorized representative of a member				
-	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00