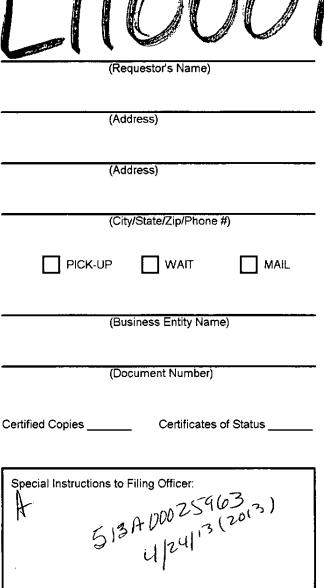
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Office Use Only



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2013 NOV -6 AM 11: 46

J. SAULSBERRY EXAMINER

NOV 7 2013

COVER LETTER

TO: Registration Section Division of Corp		•
SUBJECT: Premi	er Hotels LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Sima Patel	
	Name of Person	
	Premier Hotels LLC	
	Firm/Company	
	5825 International Drive N	
	Address	
	Orlando, FL 32819	2913
	City/State and Zip Code	AON ELEC
	sima@jasminhospitality.com	5
	E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Sima	321 ₂ 177034	94 H HV
Name of I	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

Premier Hotels LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	011	and assigned		
Florida document number L11000112079				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applicable:			201	
(Principal office address MUST BE A STREET ADD	RESS)			
_			- 0	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our i dress here:	records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	Enter Florida street address		
		, Florida	71. 6. 1	
	City		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 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 **Title** Name Address **Type of Action** Sima Patel 5825 International Drive N **MGRM** Orlando, FL 32819 Samik Patel 7495 Canada Ave Partner Orlando, FL 32819 Digesh Chokshi 7495 Canada Ave Partner Orlando, FL 32819 Remove Jayantilal Panchal 7495 Canada Ave Partner Orlando, FL 32819 / | Remove Raju Panchal Partner 7495 Canada Ave Orlando, FL 32819 Manish Shroff 7495 Canada Ave Partner Orlando, FL 32819 Remove 7495 Canada Ave Partner Girishkumar Orlando, Pl 32819

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please ensure all persons on page 2 are removed. Only Dipalchhai Patel should remain as manger
Dated November 4 2013
Signature of a member or authorized representative of a member
Sima Patel
. Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

2013 NOV -6 AM 11: 46