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COVER LETTER

TO: Re	gistration Se vision of Cor	ction porations	% 4 . €	: ₫ ;
SUBJECT:	Reliance Ho	ospitality of Englewood, LLC	,	
JOBJECT.	٠,	Name of Lim	ited Liability Company	**************************************
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return	n all correspon	ndence concerning this matter	to the following:	
		Gordon Duncan		
			Name of Person	
		Duncan & Associates, P.A		
		P.O. Box 249	Firm/Company	
			Address	
		Fort Myers, FL 33902		
	•	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		rakeshmpatel@hotmail.com		***
For further i	nformation co	e-mail address: (concerning this matter, please ca	to be used for future annual report notifall:	ication)
Gordon Dui	ncan		239 334-4574 at ()	
	Name of	Person	Area Code Daytimo	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 H	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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reliance Hospitality of Englewood, LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C	•		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company l	here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDI	RESS)		
:			
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 Name of New Registered Agent: New Registered Office Address:	lress here:	on our records, e	enter the name of the ne
		, Florid	la
	City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance o gent as provided for in ed office address, I here	f my duties, änd I Chapter 605-FS	am familiar with and . On if this document is

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

litte	<u>Name</u>	Address	Type of Actio
Mgr	Gordon Duncan		□ Add
			■ Remove
			□ Change
Mgr	Rakesh Patel	11501 S CLEVELAND AVE	∃ Add
		FORT MYERS, FL 33907	□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		_	Add
			Remove
			□ Change
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			Remove
			→ □ Change

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n effec <u>te:</u> I:	e date, if other than the date of filing:
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied the day after the record is filed.
recc he 9	Decomber 3, 2015.
reco	Oth day after the record is filed.

Filing Fee: \$25.00