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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	т.	NASIM HO	OTELS LLC ited Liability Company	
SUBJEC		Name of Limi	ited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	to the following:	
		NASI	m KASSAM	_
			Name of Person	
		NAS	IM HOTELS LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		90) 45 Easterling DR. Address	
				
		(OHando, FL 32819	
			City/State and Zip Code	_
		E-mail address: (t	to be used for future annual report notification)	-
For furthe	er information c	oncerning this matter, please ca	·	
	Nasi	in Karsani	at (407) 876 0214 Area Code Daytime Telephone Numb	
,		f Person	Area Code Daytime Telephone Numb	per
Enclosed	is a check for th	ne following amount:		
□ \$25.0	90 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy mal copy is enclosed)
	Mailing Addres		Street Address: Pagistration Section	
	Registration S Division of C		Registration Section Division of Corporations	
	P.O. Box 632	-	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOTELS			
(Name of the Limited (A	Liability Company as it n Florida Limited Liability C	ow appears company)	s on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L130000</u> This amendment is submitted to amend the follow	<u> </u>	ed on	03/22/20	213 and assigned
A. If amending name, enter the new name of th	_	npany he	<u>re</u> :	:
The new name must be distinguishable and contain the word	ls "Limited Liability Comp	any," the de	esignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			2631.00
				00
				19
Enter new mailing address, if applicable:				·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u>N)</u>
				
B. If amending the registered agent and/or registered agent and/or the new registered office address between the second contraction and the second contract and the second con		on our re	ecords, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	SHEREE	<u> </u>	KASSAM	
New Registered Office Address:	9045	East Enter Flor	ida street address	
	Orland	# O	F L . Florida	32819 Zip Code
	City		,,	Zip Code
No. 10 miles and American Community of the Community of t				

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>	Address	Type of Action
AMBR	NASIM KASSAM	9045 Easterling BR	DAdd
		Orlando, FL 32819	□Remove
			DChange
MUBR	ISSN KASSAM	9045 Easterling DR	[] <i>A</i> dd
		Orlando FL 3281	¶ □Remove
			DChange
<u>a mbr</u>	SHEREEN KASSAM	9045 Easterling I	R dadd
		Orlando, FL 3281	¶ □Remove
			🗄 Change
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

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