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(R	equestor's Name)
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PICK-UP	WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor	ection porations		
South stree	t hospitality LLC	ï	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hansa Soni		
		Name of Person	
	South street hospitality LLC Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. It all correspondence concerning this matter to the following: Hansa Soni		
South street hospitality LLC Name of Limited Liability Company			
	Registration Section Division of Corporations South street hospitality LLC Name of Limited Liability Company		
		Address	 _
	South street hospitality LLC Name of Limited Liability Company Ed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Hansa Soni Name of Person South street hospitality LLC Firm/Company 830 Truman Ave Address Key West, Florida 33040 City/State and Zip Code hansavsoni@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Ini Name of Person Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificate of Status STREET/COURIER ADDRESS: Registration Section Division of Corporations P.O. Box 6527 Cition Building		
		City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c		_	,
Ilansa V Soni			
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registr Divisio	ation Section on of Corporations	Registration Section Division of Corpor	n
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Street Hospitality LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
	ny were filed on <u>09/04/2013</u>	and assigned
orida document number L13000124834		
nis amendment is submitted to amend the following:		
rida document number L13000124834 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)		
e new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		ter the name of the new
gistered agent and/or the new registered office address he	ere:	LA.
		HAN
Name of New Registered Agent:	4,	SE 10
New Registered Office Address:		tudi Ia
	Enter Florida street address	S i'A
	, Florida	
	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 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
MGRM	Soni Hansa	830 Truman Ave	= Add
			Remove
			Change
MGRM	Soni Tejas	830 Truman Ave	Add
		.	■ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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<u>te:</u> If the	date inserted in thi	the date of filing must be specific and s block does not m e Department of St	eet the applicat	le statutory filing	(option of the contract of the	onal) filing.) Pursuant to 60 s date will not be lis)5.0207 (i sted as th
	specifies a dela day after the		ate, but not	an effective tir	me, at 12:01 a	a.m. on the earl	ier of:
0 5/06 ed	ents Ma	y 6th	2018	. •			
		Oct	Mun	-			
		0:		zed representative o	f'ahar		

Page 3 of 3

Filing Fee: \$25.00