

L14 000 161 786

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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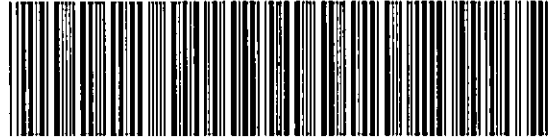
(Business Entity Name)

(Document Number)

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2020 APR -6 PM 5:03

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APR 17 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA LODGING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL M. WALLACK, ESQ.

Name of Person

WALLACK LAW FIRM

Firm/Company

3260 FRUITVILLE ROAD, SUITE A

Address

SARASOTA, FL 34237

City/State and Zip Code

MMW@WallackLawFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael M. Wallack, Esq.

941

954-1260

at ()

Name of 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAMPA LODGING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 APR - 6 PM 5:03

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 16, 2014 and assigned
Florida document number L14000161786.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4852 ANCIENT MARBLE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34240

Enter new mailing address, if applicable:

4852 ANCIENT MARBLE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34240

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael M. Wallack, Esq.

New Registered Office Address:

3260 Fruitville Road, Suite A

Enter Florida street address

Sarasota

City

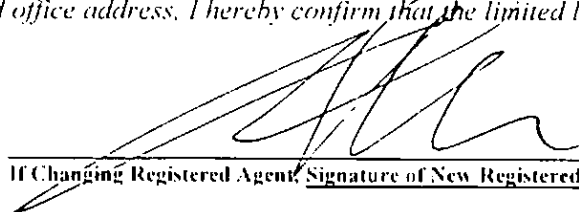
Florida

34237

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

MICHAEL M. WALLACK

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SANJAY H. PATEL	250 OUTLET MALL BLVD.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PANKAJ C. PATEL	4852 ANCIENT MARBLE DRIVE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PRAVIN D. GADHIA	6939 WESTCHESTER CIRCLE	<input checked="" type="checkbox"/> Add
		LAKEWOOD RANCH, FL 34202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March, 2020

Paulista

Signature of a member or authorized representative of a member

PANKAJ C. PATEL

Typed or printed name of signee

Filing Fee: \$25.00