## 114000191894

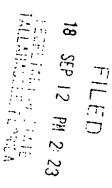
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## **COVER LETTER**

SUBJECT:	MAMU HOTEL, LI	LC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	P. 7	Todd Kennedy, Esquire	
	***	Name of Person	
	Ke	nnedy & Kennedy, P.L.	
		Firm/Company	
	14	Southeast 4th Street, Suite 36	
	_	Address	
	Вс	pea Raton, FL 33432	
		City/State and Zip Code ajmotwani@live.com	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
P. Todd Kei	nnedy	561 683-2484	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section
Division of Corporations

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

<u></u>	MAMU HOTEL, LLC		
( <u>Name</u> of the <u>Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L14000191894</u>		12/15/2014	and assigned
This amendment is submitted to amend the following	ng:	<i>_</i>	18
A. If amending name, enter the new name of th			888
The new name must be distinguishable and contain the words	s "Limited Liability Company," the c	designation "LLC" or the	ábbreviation, "L.F.C."
Enter new principal offices address, if applicabl	e:		<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)		23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on address here:	our records, <u>ente</u>	r the name of the ne
-			
New Registered Office Address:	Enter Flor	ida street address	
<u>-</u>		, Florida _	
	Chy		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

Fitle	<u>Name</u>	Address	Type of Action
MGRM	MOTWANI ENTERPRISES, LLC	1158 Peregrine Way	
		Weston, FL 33327	
•			Change
CFO	RAJ MOTWANI	1158 Peregrine Way	
		Weston, FL 33327	
			■ Remove
			□ Change
AMBR	NIRMLA MOTWANI	1158 Peregrine Way	■ Add
		Weston, FL 33327	<del>-</del>
			🗀 Remove
			Change
AMBR	LATA SHINTRE	1158 Peregrine Way	
		Weston, FL 33327	
			Remove
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			72 Im
			Remove
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		<del></del>	□ Remove
			☐ Change

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ment's effective date on the Department of State's records.	ents, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at : ie 90th day after the record is filed.	2:01 a.m. on the earlier of
1 Sept 11 2018	
a <u>JU10</u> .	
(Carrol Tage	
d Sept. // 20/8.  Nimol-war i  Signature of a member or authorized representative of a member	
Nirmla Motwani, Auth Rep of a Member	r

Page 3 of 3

Filing Fee: \$25.00