## L15000 151 777

(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linity Name)
(Document Number)
Certified Copies Certificates of Status
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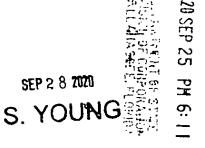
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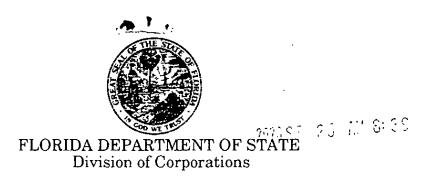
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2020 SEP 25 PH 6: 11



September 11, 2020

PANKAJKUMAR PATEL ISH HOSPITALITY, LLC 8837 HIGHWAY 87 SOUTH MILTON, FL 32583

SUBJECT: ISH HOSPITALITY, LLC

Ref. Number: L15000151777

We have received your document for ISH HOSPITALITY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00017339

Shelia S Young Regulatory Specialist II

www.sunbiz.org

Division of Comparations D.O. DOV 6207 Wellaharman Florida 2021

## COVER LETTER

TO: Registration Section

Div	ision of Cor	porations				
SUBJECT:	ISH Hospit	ality, LLC		•		
		Name of Lim	ited Liability Company		<del></del>	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Pankajkumar Patel				
		<del>1=</del>	Name of Person			
		ISH Hospitality, LLC				
			Firm/Company			
		8837 Highway 87 Southe				
			Address		<del></del>	
		Milton, Florida 32583				
			City/State and Zip Code			
		petekumar65@aol.com				
		E-mail address: (	to be used for future annual r	report notification)		
For further in	nformation c	oncerning this matter, please c	all:			
Pankajkuma	r Patel			-7631		
	Name o	f Person	at () Area Code	Daytime Telepho	one Number	
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 I		■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Ad Registra				
Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISH Hospitality, LLC			120				
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our rec Liability Company)	ords.) -SS SE				
The Articles of Organization for this Limited Li Florida document number L15000151777		were filed on August 1, 2020	and assigned				
This amendment is submitted to amend the follo			S. C.				
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	.1.C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		8837 Highway 87 South					
(Principal office address MUST BE A STREE		Milton, Florida 32583					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	8837 Highway 87 South Milton, Florida 32583					
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:			ter the name of the new registered				
New Registered Office Address:	NO.17 11' 1						
New Registered Office Address:		Enter Florida street ado	lress				
	Milton		Florida 32583				
		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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGR	Pankajkumar Patel	8837 Highway 87 South; Milton, FL 32583	<b>≡</b> Add
			□Remove
			□Change
		<del></del>	□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			□Change
	····		□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee