L16000122531

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:		istration Sec ision of Corp			
SUBJE	CT.	Change the	name of Registered Agent and	Authorized Person	
SUBJE	CI		Name of Limi	ited Liability Company	
The end	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn	all correspor	ndence concerning this matter	to the following:	
			Kashmiraben P Patel		
				Name of Person	
			Forty-One Hospitality, LLC	C	
				Firn/Company	
			4974 Royal Gulf Circle		
				Address	
			Fort Myers, FL 33966		
			charliepatel@live.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report	notification)
For furt	her in	iformation co	oncerning this matter, please ca	all:	
Kashın	iraber	ı P Patel		575 706-6479	
		Name of	Person	Area Code Day	ytime Telephone Number
Enclose	ed is a	check for the	e following amount:		
\$25	5.00 F	iling Fce	□ \$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)

TO:

MAILING ADDRESS: 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

Forty-One Hospitality, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears Liability Company)	on our records.)		
he Articles of Organization for this Limited L lorida document number L16000122531	iability Company	were filed on $\frac{06/2}{}$	24/2016		and assigned
his amendment is submitted to amend the following	owing:				
. If amending name, enter the new name o	f the limited liab	ility company her	<u>·e</u> :		
e new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the de	signation "LLC" or	the abbrevia	ation "L.L.C."
Inter new principal offices address, if applicable:		4974 Royal Gulf	Circle		
Principal office address MUST BE A STREE		Fort Myers, FL 33966			
nter new mailing address, if applicable:		4974 Royal Gulf	Circle		
Mailing address MAY BE A POST OFFICE	BOX)	Fort Myers, FL 3	3966		
If amending the registered agent and/gistered agent and/or the new registered of Name of New Registered Agent:	C)	<u>e</u> :	our records, e	enter the	· ·
New Registered Office Address: 4974 Royal Gr		lf Circle	(YRY YRY) '
		Enter Florid	da street address	ES.	
	Fort Myers		, Flori		,
		City	, 5	₹M 12	ip Code
ew Registered Agent's Signature, if changing I	Registered Agent:		bigs of the second		,

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	Sheetal Patel	4974 Royal Gulf Circle	□ Add
		Fort Myers, FL 33966	■ Remove
			Change
MGRM	Kashmiraben P Patel	4974 Royal Gulf Circle	Add
		Fort Mycrs, FL 33966	☐ Remove
			☐ Change
			Add
			☐ Remove
		,	☐ Change
			Add
		 	Remove
			Change
			Add Remove SAR Change
			F STATE Remove
			☐ Change

				
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		f filing: 11/01/2016 iffic and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant requirements, this date will not	t to 605.0207 (
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Note: If locumer e reco The 9	'the date inserted in this block doe nt's effective date on the Departme ard specifies a delayed effec	tive date, but not an effective filed.	time, at 12:01 a.m. on the	
tote: If ocumer e reco The 9	the date inserted in this block doe nt's effective date on the Department of the specifies a delayed effect that day after the record is	tive date, but not an effective filed.		earlier of:
Note: If locumer e reco The 9	the date inserted in this block doe nt's effective date on the Department of the specifies a delayed effect of the day after the record is st November	tive date, but not an effective filed.		

Filing Fee: \$25.00