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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT:	FORTY - ON	E HOSPITALIT	7 166
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	FORTY - ONE HOSPITALITY Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: KASHMIRAREN PATEL Name of Person		
		Firm/Company	
	4350 s	CICYCLAND A	
	FORT	HYERS FL 3 City/State and Zip Code	3907
For further information co	oncerning this matter, please ca	all:	
CHARUE P		at (<u>575</u>) <u>7</u> Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S	Section	Registrati	ion Section
Division of C	orporations	Division	of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forty.	-ONE HOSPITALITY LLC	25
(Name of the Limited I (A I	24 CS and assigned	
The Articles of Organization for this Limited Liabi	lity Company were filed on 50141, 2024	and assigned
Florida document number <u>L 16000127.</u>	<u>531</u> .	P
This amendment is submitted to amend the following	ng:	. . .
A. If amending name, enter the new name of the	e limited liability company here:	<u>უ</u>
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	FORT MYERS, FL	
	FORT MYERS, FL	33401
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
	FORT MYERS, FL	40PEE
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the na</u> ere:	me of the new registere
Name of New Registered Agent:	KASHMIRA BEN PATE	
New Registered Office Address:	4811 S CIEVELAND AV Enter Florida street address	
	FORT MYERS Florida	33907
_	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
MGR	KASHHIMABEN PATEL	4811 S CTEVELAND AVE	B#Add
		FORT HYERS, FL 33907	□Remove
			□Change
<u>anbr</u>	CHIRAG BHAT PALEC	4811 S CLEUC(AND AUE	≅ Add
		FORT MYENS, FL 33907	□Remove
			□Change
ANBR	NEIL PAREL	- SUA QUAJEND 2 118P	s Add
		FORT HYERS, FL 33907	□ Remove
			□Change
			□ Add
			□ Remove
			□Change
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Effective date.	if other than the da	ite of filing:			_ (optional)	
If an effective date Note: If the dat	if other than the data is listed, the date must be einserted in this block ctive date on the Department.	specific and cannot to does not meet the	applicable statuto		days after filing.) Purs	
e record specifie rd is filed.	s a delayed effective d	ate, but not an effe	ctive time, at 12:0	l a.m. on the earli	ier of: (b) The 90th	h day after the
DatedX	sly 1	. 20	<u>્ર્</u> ય .			
	Si	Karteniozof: gnature of a member	atul. or authorized represe	entative of a member	er	

 $\mathcal{M}(x) = (x,y)$

Filing Fee: \$25.00