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(R	equestor's Name)
. (A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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COVER LETTER

ГО:	Registration of (Section Corporations	
		spitality Group, LLC	
SUBJEC	ul:	Name of Limited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are submitted for filing.	
Please ro	eturn all corre	spondence concerning this matter to the following:	
		Omar Oselimo	
		Name of Person	
		619 Hospitality Group, LLC	
		Firm/Company	
		2826 NE 19th Drive	
		Address	
		Gainesville, FL 32609	
		City/State and Zip Code	
		omar@reggaeshackeafe.com	
		E-mail address: (to be used for future annual report notification)	
For furth	ner informatio	on concerning this matter, please call:	
Arpita C	Oselimo	352 870-7774 at (
	Nar	at ()	
Enclosed	I is a check f	or the following amount:	
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	

MAILING ADDRESS:

TO:

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

18	FILED	
. , y 37 (, 7) (JUL -9 PH 3:	,

619 Hospitality Group, LLC

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

The Articles of Organization for this Limited Liability	Company were filed on 10/07/2016	and assigned
Florida document number L16000186552		
t fortua document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess.
	, F	`lorida 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		Address Address 2826 NE 19th Drive FILED 18 JUL -9 PH 3: Type of Action		
<u>Title</u>	<u>Name</u>	Address JUL -	9 PH 3: Type of Action	
MGR	Arpita Oselimo	2826 NE 19th Drive	- 7# 3: 7 4 ype of Action 	
		Gainesville, FL 32609	")" ■ Remove	
			Change	
MGR	Omar Oselimo II	2826 NE 19th Drive		
		Gainesville, FL 32609	≘ Remove	
			☐ Change	
MGR	Anushka Oselimo	2826 NE 19th Drive	Add	
		Gainesville, FL 32609	■ Remove	
			□ Change	
MGR	Anokhi Oselimo	2826 NE 19th Drive		
		Gainesville, FL 32609	■ Remove	
			☐ Change	
MGR Aashika Oselimo	Aashika Oselimo	2826 NE 19th Drive	Add	
		Gainesville, FL 32609	■ Remove	
		Change		
	Anthika Oselima.		Add	
			□ Remove	
			☐ Change	

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	Charles Clare
	, , <u>, , , , , , , , , , , , , , , , , </u>
	
	
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ffective date, if other than the	e date of filing:(optional)
	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Clock does not meet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective date on the L	Department of State's records.
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The soul day after the rec	cord is med.
ited	2018
	·
$(\lambda)_{-}$	
	Agnature of a member or authorized representative of a member
Arpita Oselimo	
	Typed or printed name of signee

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Filing Fee: \$25.00