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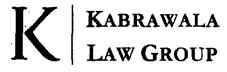
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### The Kabrawala Law Group PLLC

190 East Morse Boulevard Winter Park, Florida 32789

> Tel: (407) 801-3330 Fax: (407) 602-7667

Chirag B. Kabrawala, Esq.<sup>†</sup>

Email: chirag@cbklawgroup.com Web: www.cbklawgroup.com

† admitted in Florida and New York

November 16, 2016

<u>Via Overnight Mail</u> (850-245-6051)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization

Company:

PSL 915 HOSPITALITY, LLC

Document No:

L16000204377

Dear Sir or Madam,

Please find enclosed Articles of Amendment to the Articles of Organization of PSL 915 HOSPITALITY, LLC, a Florida limited liability company.

These Articles of Amendment are intended to <u>remove</u> Dipak K. Patidar as manager of the company and to <u>add</u> Jayesh Jani the manager of the company.

The Articles of Organization of the company are not changed in any other respect.

Enclosed is a check payable to the "Florida Department of State" for filing fees. Please feel free to call me at 407-801-3330 if you have any concerns or questions regarding this filing.

Very truly yours,

Chirag B. Kabrawala

## **COVER LETTER**

TO:	Registration S Division of Co			
CIID II		OSPITALITY, LLC		
SUBJI	EC1:	Name of Lin	nited Liability Company	<del> </del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JAYESH JANI		
			Name of Person	<u></u>
		<del> </del>	Firm/Company	
		2930 PINEDA PLAZA W	AY	
			Address	<u></u>
		MELBOURNE, FLORIDA	A 32940	
			City/State and Zip Code	<del></del>
		JJANI15@GMAIL.COM		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please co	all:	
JAYES	SH JANI		937 422-5264at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>□</b> \$2:	5.00 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:

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**

	FILED
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TALLAHA	TARY OF STATE

PSL 915 HOSPITALITY, LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	THASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number L16000204377	Company were filed on NOVEMBER 7, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	City red Agent:	гір Сойе
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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	DIPAK K. PATIDAR	2930 PINEDA PLAZA WAY	
		MELBOURNE, FL 32940	Remove
			Change
MGR	JAYESH JANI	2930 PINEDA PLAZA WAY	<b>j</b> Add
		MELBOURNE, FL 32940	□ Remove
			□ Change
<del></del>			□ Add
			Residence To St. Control Part C
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Tective date, if other that an effective date is listed, the d	in the date of filing ate must be specific and	g:d cannot be prior to d	ate of filing or more the	(optional) nan 90 days after filing	(£) Pursuant to 605.0207
ote: If the date inserted in cument's effective date on	this block does not r	neet the applicable	statutory filing rec	uirements, this date	will not be listed as
record specifies a de The 90th day after th	layed effective of the control of th	date, but not a	n effective time	, at 12:01 a.m.	on the earlier of
NOVEMBER 16		2016			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee