

L17000017065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zen Hospitality, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Parjanya N. Jariwala

Name of Person

Zen Hospitality, LLC

Firm/Company

7813 N. Davis Hwy

Address

Pensacola, FL 32514

City/State and Zip Code

parju89@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Parjanya N. Jariwala

615 900 - 8962
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 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**

ZEN HOSPITALITY, 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 January 23, 2017 and assigned
Florida document number L17000017065.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

Enter Florida street address

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GURMIT ADVANI	216 CENTERVIEW DR.	<input checked="" type="checkbox"/> Add
		SUITE 155	<input type="checkbox"/> Remove
		BRENTWOOD, TN 37027	<input type="checkbox"/> Change
AMBR	BHARAT PURSHOTTAM	1855 S CHURCH ST	<input checked="" type="checkbox"/> Add
		MURFREESBORO, TN 37130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VISHVESH JARIWALA	7813 N. DAVIS HWY	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PARJANYA JARIWALA	7813 N. DAVIS HWY	<input type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Please also add our company's Federal ID # 47-3581901

Please also add our company's Federal ID # 47-3581901

17 MAY 13 1410:13

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated March 9th 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Parjanya N. Jariwala

Typed or printed name of signee