

L17 000100560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

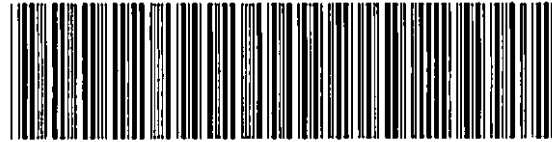
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 14 2022

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10/17/22--01001--009 \*\*60.00

FILED  
2022 OCT 14 PM 4:08  
RECEIVED  
2022 OCT 14 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **YOG 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 JARIWALA**

\_\_\_\_\_  
Name of Person

**YOG HOSPITALITY LLC**

\_\_\_\_\_  
Firm/Company

**7813 N DAVIS HWY**

\_\_\_\_\_  
Address

**PENSACOLA, FL 32514**

\_\_\_\_\_  
City/State and Zip Code

**devihotels1@gmail.com**

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

For further information concerning this matter, please call:

**PARJANYA JARIWALA**

**615 900-8962**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

YOG HOSPITALITY LLC

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

FILED  
2022 OCT 14 PM 4:06  
SECRETARY OF  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 05/05/2017 and assigned  
Florida document number L17000100560.

This amendment is submitted to amend the following:

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

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:

PARJANYA N. JARIWALA

New Registered Office Address:

7813 N DAVIS HWY

*Enter Florida street address*

PENSACOLA

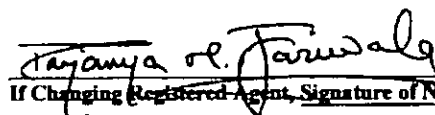
Florida 32514

*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	PARJANYA N. JARIWALA	7813 N DAVIS HWY	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GURMIT N. ADVANI	7813 N DAVIS HWY	<input type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VISHVESH N. JARIWALA	7813 N DAVIS HWY	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BHARAT C. PURSHOTTAM	7813 N DAVIS HWY	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 14<sup>TH</sup> 2022

GURMIT ADVANI

Typed or printed name of signee

**Filing Fee: \$25.00**