L17000148669

(Reques	stor's Name)
(Address	s)
(Address	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:





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2017 JUL 11 TH 4: 36

D. SCOTT JUL 11 2017

COVER LETTER

TO: Registration Se Division of Cor		*		
SUBJECT:5	altwater Sol Name of Limit	Hospitality LLC		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		,
Please return all correspo	endence concerning this matter	to the following:		
	Atul	Patel Name of Person		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	•	
	3514 Barnst	aple Dr. Address		
		City/State and Zip Code		·
		te clipse. com to be used for future annual report notifi	fication)	AL JAN
For further information co	oncerning this matter, please ca			
Atul Name o	ate Person	at (850) 323 Area Code Daytime	b - 1285 e Telephone Number	THE TO STATE OF STATE
Enclosed is a check for th	ne 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

11 111 11 00

Saltwate	er 501	Hospitality		
(Name of the Limite	ed Liability Company (A Florida Limited Lia	as it now appears on our ability Company)	records.)	
ne Articles of Organization for this Limited Li orida document number <u>L170001426</u>	iability Company w	vere filed on OM	3/201	and assigned
s amendment is submitted to amend the follo	owing:			
If amending name, enter the new name of	f the limited liabili	ity company here:	•	
·				
new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designatio	n "LLC" or the ab	breviation "L.L.C."
ter new principal offices address, if applica	able:			
rincipal office address MUST BE A STREE	TADDRESS)		·	
				
•	•			
ter new mailing address, if applicable:				
ailing address MAY BE A POST OFFICE	BOX)			
	·			
				· · · · · · · · · · · · · · · · · ·
If amending the registered agent and/ istered agent and/or the new registered of			ecords, <u>enter</u>	the name or the n
	,	•		
Name of New Registered Agent:	Atul	Patel		
New Registered Office Address:	3514	Barnstaple:	Dr.	型 5
• •		Enter Florida stree	t address	<u>ن</u> د م
<u>.</u>	Tallah	assee.	, Florida	32317
		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 = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Anil Patel	3514 Bainstaple Dr. Tallahaveni 32317	-L Add
			□ Remove
			Change
<u>AMB</u> R	Mira Patel	3574 Barnstaple Dr. Tallaharreg A	Add Add
			Remove
	·	•	Change
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te: If the date inser	ted in this block does	not meet the applica	o date of thing or more	than 90 days after in	ate will not be listed as
cument's effective o	late on the Departmen	nt of State's records.			5
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Page 3 of 3

Filing Fee: \$25.00