<u>L18000007909</u>

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	JAI GANESH I	HOSPITALITY, LLC			
SOBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	JOHN P. MAAS, ESQ.				
		Name of Person			
	JOHN P. MAAS, P.A.				
		Firm/Company			
	44 NE 16 STREET				
		Address			
	HOMESTEAD, FLORIDA	A 33030			
		City/State and Zip Code			
	neel3194@gmail.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c	all:			
CANDY BROWNLOW		305 247-7132			
Name of Person		at () Area Code Daytin	ne Telephone Number		
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee			
Tallahassee, F			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JAI GANESH HO	SPITALITY, LLC	
(Name of the Limi	ted Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	lability Company	were filed on January 10, 2018	and assigned
Florida document number L18000007909			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liah	pility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3956 West Colonial Drive	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, Florida 32808	0211
			T & T
			0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3956 West Colonial Prive	%c, ≥ ∏
		Orlando, Florida 32808	
			- - ω
			8
B. If amending the registered agent and/or		address on our records, enter th	e name of the new register
agent and/or the new registered office addre	ss nere:		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
	N/A	, Flori	ida
		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.

h 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A 		
			□Remove
			□Change
	N/A		□Add
			□Remove
			□Change
	N/A		⊡Add
			□Remove
			□Change
	N/A		
			□Remove
			□Change
	N/A		□Add
		 -	□Remove
			□Change
	N/A		□Add
			
			□Change

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r ective (n effectiv	ate, if other than the date is listed, the date must	late of filing be specific and	cannot be prior	to date of filing o	or more than 20	(optional) days after filing.	.) Pursuant to 605
<u>ote:</u> If th	e date inserted in this blo effective date on the De	ck does not m	eet the applic	able statutory f	iling requirem	ents, this date	will not be list
camen,	effective date on the De	partification 5	iate 5 records.				
ecord en	cifies a delayed effective	data but not	an affactiva ti	ma at 12:01 a	ns on the end	ing of the Th	00th day 6
is filed.	ernes a delayed effective	uate, out not	an enective n	me, at 12.01 a.	in. on the eart	ict ot. (b) ti	ie 90th day afte
Oct	ober 2	8	2021				
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	_ / Jul	Part	N.			· - ·	
	, 🔾	signature of a n	nember or autho	orized representa	tive of a membe	er	
	NEEL PATEL, AMBR						
			=-	d name of signe			

Filing Fee: \$25.00

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