## L18000117582

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T. **MATTHEWS**JAN 2 8 2022

## **COVER LETTER**

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end iez	The second secon	Hospitality, LLC		
SUBJEC	∪I; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Narasimha Somayaji		
			Name of Person	
		RS Florida Hospitality, LL	.c	
			Firm/Company	
		6646 Mangrove Chase Av	re.	
			Address	<del></del>
		Orlando/FL/32809		
			City/State and Zip Code	
		somayajin@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
Narasim	nha Somayaji		407 394-6960 at ()	
-	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	I is a check for th	ne following amount:		
<b>■ \$</b> 25.	.00 Filing Fec	□ \$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 Addres Registration S		Street Address:	ertion
	Division of C		Registration Se Division of Cor	
	P.O. Box 632	-	The Centre of T	•
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

22 JAM 21 AH 8: 30

RS Florida Hospitality, LLC

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

The Amielia of Occasional of the Abia Linda of the	:::::	05/10/2018	
The Articles of Organization for this Limited L	Diability Company were filed on _		and assigned
Florida document number L18000117582	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<del> </del>	<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		.,
B. If amending the registered agent and/or agent and/or the new registered office addre	•••	records, enter the	name of the new registered
agent and of the new registered office address	.ss nere.		
Name of New Registered Agent:	Narasimha Somayaji		
New Registered Office Address:	6646 Mangrove Chase Ave.		
*	Enter F.	orida street address	· · · · · · · · · · · · · · · · · · ·
	Orlando	, Florid	a <u>32809</u>
	City	<del></del> -	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>	Address	Type of Action
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		<del></del>	□Remove
			Change
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Filing Fee: \$25.00