

L18000/55515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

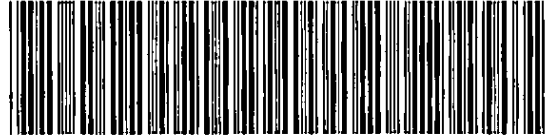
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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070318



The Kabrawala Law Group PLLC

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*† admitted in Florida and New York*

June 28, 2018

**Via Overnight Mail**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: **Articles of Amendment to Articles of Organization**

**Company: Westchase Journeys Operating LLC**

**Document No: L18000155515**

Dear Sir or Madam,

Please find enclosed Articles of Amendment to the Articles of Organization of Westchase Journeys Operating LLC, a Florida limited liability company (the "Company").

These Articles of Amendment are intended to:

- 1) **REMOVE**: Sanjay M. Patel as Manager of the Company;
- 2) **REMOVE**: Ketan Patel as Manager of the Company; and
- 3) **ADD**: Nilam Patel as a Manager of the Company.

The Articles of Organization of the Company are **not** changed or modified in any other respect.

Enclosed is a check payable to the "Florida Department of State" for filing fees. Please feel free to call me at 407-801-3330 if you have any concerns or questions regarding this filing. We appreciate your assistance and prompt attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'CBK', followed by a long, horizontal, wavy line.

Chirag B. Kabrawala, Esq.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WESTCHASE JOURNEYS OPERATING 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:

NILAM PATEL

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

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

6908 SILVER SAGE CIRCLE

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33634

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

KSPATEL1@GMAIL.COM

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

For further information concerning this matter, please call:

CHIRAG KABRAWALA ESQ.

407

801-3330

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WESTCHASE JOURNEYS OPERATING 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 JUNE 25, 2018 and assigned  
Florida document number L18000155515.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

Florida

City

**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 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

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JUL 10 9:10 AM  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

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>                      |
|--------------|-----------------|-------------------------|--|
| MGR          | NILAM PATEL     | 6908 SILVER SAGE CIRCLE | <input checked="" type="checkbox"/> Add    |
|              |                 | TAMPA, FL 33634 USA     | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
| MGR          | SANJAY M. PATEL |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
| MGR          | KETAN PATEL     |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECONDARY OF CLARK  
TALLAHASSEE, FLORIDA

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(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 June 29 . 2018

*Ch*

Signature of a member or authorized representative of a member

CHIRAG B. KABRAWALA, ESQ., AUTHORIZED REPRESENTATIVE / AGENT

Typed or printed name of signee