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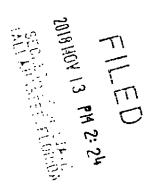
(Rec	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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Ancend

NOV 28 2018 I ALBRITTON

COVER LETTER

Division of Co	rporations		
Fort Myer: SUBJECT:	s Motel LLC		
30B0ECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sanjeev Amin		
		Name of Person	
	Fort Myers Motel LLC		
	 -	Firm/Company	
	41 N. Legend Tree Drive		
		Address	
	Liberty Lake, WA 99019		
		City/State and Zip Code	
	sanjeevamin@gmail.com		
		to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all:	
Sanjeev Amin		916 284-5219	
Name c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

TO:

Registration Section

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**

PILED

SEC. ST. FI ONIS

Fort Myers Motel LLC

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

		1 60/103
The Articles of Organization for this Limited Liability	Company were filed on August 15, 2018	and assigned
Florida document number L18000195042		
This amendment is submitted to amend the following:	- -	
and an endment is submitted to affected the following.		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		
If amonding the registered agent and to a	transport 65 11	
If amending the registered agent and/or registered agent and/or the new registered office ado	istered office address on our records, <u>en</u> dress here:	ter the name of the
Name of New Registered Agent:		
N D 1 1005		
New Registered Office Address:	Enter Florida street address	
	T21 a mind a	1
	, Florid:	20.00.10
Sew Registered Agent's Signature, if changing Registere	City	Zip Code

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing filed to merely reflect a change in the registered office address. Thereby 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
MGR	Sanjeev Amin	41 N. Legend Tree Drive Liberty Lake, WA 99019	Add
			☐ Remove
	Olada ma		Change
MEM	Shailesh Sharma		Add
			■ Remove
			☐ Change
		Add	
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		Add	
			□ Remove
			Change
			□ Add
			□ Remove
			Change

-			<u> </u>
			
	nust be specific and cannot be pr		(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
ument's effective date on the			emonia, and oute whi not be haved a.
record specifies a delay he 90th day after the re		not an effective time, a	at 12:01 a.m. on the earlier o
ed November 9	. 2018	,	
		thorized representative of a me	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00