

L18000198001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUN 10 PM 12:32

*Amend*

JUN 22 2019

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Visioners Hospitality 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:

Kalpesh Patel

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

Visioners Hospitality LLC

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

2709 Longleaf Rd

\_\_\_\_\_  
Address

Panama City FL 32405

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

kal\_pat@yahoo.com

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

For further information concerning this matter, please call:

Kalpesh Patel

850

303-1183

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

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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>
MBR	Kalpana Patel	22319 Rolling hill lane	<input type="checkbox"/> Add
		Laytonsville MD 20882	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ramesh Patel	22319 Rolling hill Lane	<input checked="" type="checkbox"/> Add
		Laytonsville MD 20882	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Sophia Patel Management LLC	2 Edgemere Drive	<input checked="" type="checkbox"/> Add
		Albertson NY 11507	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Sanatkumar Tankalwala	5000 Hwy 6, PO Box 1896	<input checked="" type="checkbox"/> Add
		North Estham MA 02651	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May, 31st, 2019

Typed or printed name of signee