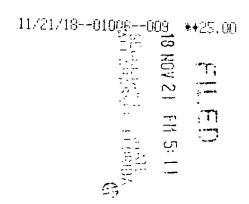
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COVER LETTER

то:	Registration Se Division of Cor						
C 11D 1D		TALITY LLC					
SUBJF	.c.:	Name of Limi	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		JAYMIN PATEL					
			Name of Person				
		SAI HOSPITALITY LLC					
Firm/Company							
		727 S FEDERAL HIGHWAY					
		LAKE WORTH, FL 33460)				
		JAYMINPATEL28@YAHO	City/State and Zip Code OO.COM				
		E-mail address: (t	to be used for future annual report notific	cation)			
For furt	ther information co	oncerning this matter, please ca	ill:				
JAYMI	IN PATEL		404 640-4034				
	Name of	f Person	at () Area Code Daytime '	Telephone Number			
Enclose	ed is a check for th	e following amount:					
■ \$2 5	5.00 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

SALHOSPITALITY 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 _____09/25/2018 and assigned Florida document number _ L18000224673 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.I..C." 727 S FEDERAL HIGHWAY Enter new principal offices address, if applicable: LAKE WORTH, FL 33460 (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:

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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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			□ Remove
			Change
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ective date, if other than the d		10/29/2018		(opti	ional)
n effective date is listed, the date must b	e specific and ca	nnot be prior to da		than 90 days afte	r filing.) Pursuant to 605.0207
te: If the date inserted in this bloc cument's effective date on the Dep			statutory filing re	quirements, thi	is date will not be listed as
record specifies a delayed	effective dat	e, but not ar	n effective tim	e, at 12:01	a.m. on the earlier o
The 90th day after the recor	d is filed.				
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