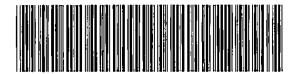
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## **COVER LETTER**

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TO:

0.110.111.000	Hospitality, LLC		
	Name of Lin	ited Liability Company	
			 ©
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	<u> </u>
Please return all correspo	indence concerning this matter	to the following:	150 150
	Dheeraj Kuchakulla Reddy	,	#.
	Green Stay Hospitality, LI	Name of Person	
	7614 Clementine Way	Firm/Company	
	Orlando, FL 32819	Address	
	kreddy6621@aol.com	City/State and Zip Code	<del></del>
For further information of	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	stification)
Dheeraj Kuchakulla Red		352 239-0916	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Sect Division of Corpo	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Stay Hospitality, 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  $\frac{09/24/2018}{1}$ \_\_\_\_ and assigned Florida document number \_ L18000226300 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 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: Dheeraj Kuchakulla Reddy Name of New Registered Agent: 7614 Clementine Way New Registered Office Address: Enter Florida street address \_, Florida <sup>3281</sup>9 Zip Code Orlando

## 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.

Cire

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>	Type of Action
MGRM	NNG4, LLC	7614 Clementine Way	<b>5</b>
		Orlando, FL 32819	<b>=</b> Add
			☐ Remove
			☐ Change
MBR	Blu Waves Developers, LLC	7614 Clementine Way	
		Orlando, FL 32819	Add
		Onanuo, rt. 32819	🗀 Remove
			Change
MGRM	Dheeraj Kuchakulla Reddy	7614 Clementine Way	
		Orlando, FL 32819	☐ Remove
			🖹 Change
			_□ Add
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prolocy does not meet the app	ior to date of filing or more tha licable statutory filing requ		
the record specifies a delaye ) The 90th day after the re		not an effective time,	at 12:01 a.m. on the ea	arlier of:
Dated October 22	2019			
	K.DL	Ro I C attherfized representative of a m		
	67			_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00