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(Requestor's Name)
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	egistration So ivision of Co					
	Green stay	y Hospitality LLC				
SUBJECT	`:					
		Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Reddy Dheeraj				
			Name of Person			
		Green stay Hospitality Ll	L.C			
			Firm/Company			
		7614 Clementine way				
		Address				
		Orlando, FL - 32819				
		megkreddy@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report noti-	fication)		
For further	information co	oncerning this matter, please c	all:			
Reddy Dh	eeraj		407 701 7763			
	Name of	Person	at ()	e Telephone Number		
Enclosed is	a check for th	e 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)		
	iling Address gistration S		Street Address: Registration Sec			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Stay Hospitality LLC					
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.)				
The Articles of Organization for this Limited Liability Company were filed or	9/24/2018 and assigned				
Florida document number L18000226300					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability compar	ny here:				
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."				
Inter new principal offices address, if applicable:	~				
Principal office address MUST BE A STREET ADDRESS)	520				
	i i e				
nter new mailing address, if applicable:	<u> </u>				
Mailing address MAY BE A POST OFFICE BOX)	ය				
	28				
. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ur records, enter the name of the new regin				
174E)					
City	, Florida Zip Code				

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.

If ameuding 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
MGR	Reddy Meghaj		□Add
		8355 Ludington Circle, Orlando, FL -32836	L/Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		·	□ Remove
			Change
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ffecti	ve date, if other than the date of filing: (optional)
`an effd Note:	ective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locume	ent's effective date on the Department of State's records.
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
d is file	2 0.
	06/15/2020
ated_	,
	1: Ohing Public
	Signature of a member or authorized representative of a member