## L18000235467

	(Requestor's Name)
	(Address)
<u>, — , — , — , — , — , — , — , — , — , —</u>	(Address)
i	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certifi	ed Copies Certificates of Status
Spe	cial Instructions to Filing Officer:
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	Office Use Only



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## COVER LETTER

	egistration Sec ivision of Corp			
	Laxmi Hote	ls LLC		•
SUBJECT	:	Name of Lim	ited Liability Company	<u> </u>
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspoi	ndence concerning this matter	to the following:	
		Utkarsh Patel		
			Name of Person	
		Dhruv Management		
			Firm/Company	
		6903 Congress St		
		<del></del>	Address	
		New Port Richey, FL 3465	53	
		10.1	City/State and Zip Code	·
į		upatel@dhruvmanagement.  E-mail address: (	com to be used for future annual report not	ification)
For further	r information co	oncerning this matter, please c	ali:	
Utkash Pa	itel		813 951-0222	
Name of Person			at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00	0 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)
I P	Mailing Address Registration Solivision of C P.O. Box 632 Callahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laxmi Hotels LLC					
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)	<del></del>	
he Articles of Organization for this Limited L	Liability Company	were filed on 10/04/2018		_ and assigne	ed
lorida document number L18000235467	·				
his amendment is submitted to amend the following	lowing:				
If amending name, enter the new name o	of the limited liabi	lity company here:			
he new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "L	LC" or the abbre	viation "L.L.C."	.,
nter new principal offices address, if appli	cable:	5751 E Silver Springs Blvd			
Principal office address MUST BE A STREET ADDRESS)		Silver Springs, FL 34488			
nter new mailing address, if applicable:		6903 Congress St	<u></u>	; 2020 OC	·:
Mailing address MAY BE A POST OFFICE	BOX)	New Port Richey, FL 34653	100 A	N STA	
			ASSEC.		}
<ul> <li>If amending the registered agent and/or gent and/or the new registered office address</li> </ul>	•	ddress on our records, <u>ent</u>	er the name o	f the new res	gist
Name of New Registered Agent:	Vijay Patel				
New Registered Office Address:	6903 Congress	St			
1.5.1 Augustaled Office Fluidess.		Enter Florida street addi	ress		
	New Port Riche	у 	Florida <sup>34653</sup>	·	
		City		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 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>	Name	Address	Type of Action
AMBR	Patel, Pinali	1415 Lake Parker Dr	□Add
		Odessa, FL 33556	■Remove
			□Change
AMBR	Shah, Mrunal	2960 Barbour Trail	□Add
·		Odessa, FL 33556	=Remove
			Change
AMBR	Patel, Vijay	6903 Congress St	2020 Add 17 1
		New Port Richey, FL 34653	The Hemove
			SS ElChange
		<del></del>	——— □Add
			□Remove
			□Change
			□Remove
			Change
			Add
			□Remove
			□Change

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ffective date, if other to effective date is listed, the lote: If the date inserted ocument's effective date	e date must be speci in this block doe	cific and cannot be as not meet the a	pplicable statutor	ng or more than 90 day	(optional) s after filing.) Pu is, this date wil	rsuant to I not be	) 605.020 : listed a:
 record specifies a delayed   is filed. 				a.m. on the earlier	of: (b) The 96	Oth day	after the
ated OC+ o	23	, 200	<u>20</u> .				
	Signatu	re of a member of	authorized represe	ntative of a member			-
1							