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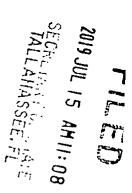
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Mr 53 504

COVER LETTER

TO:

	Registration Se Division of Cor			
em ira		OMMONS, LLC		
SUBJEC	. [;	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		DEEPAK PATEL		
			Name of Person	
		INN AT COMMONS, LLO	⁹⁴ -	
			Firm/Company	
		144 WRIGHT CIRCLE		
			Address	
		NICEVILLE, FL 32578		
		deepakpriti@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report	notification)
For furthe	er information co	oncerning this matter, please ca		/LC 7 C
DEEPAI	K PATEL		850 897-728 at ()	4878 3
	Name of	f Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for th	ne following amount:		
₿ \$25.0	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)
	Registra Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Se Division of Ce Clifton Buildir	rporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INN AT COMMONS, 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 $\frac{01/01/2019}{1}$ and assigned Florida document number $\frac{1.19000002982}{-}$ 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 "L.L.C." or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NAVNIT R PATEL	207 MIRACLE STRIP PKWY	
		FT WALTON BEACH, FL 32548	
			Change
MGR	SURAJ PATEL	144 WRIGHT CIRCLE	
		NICEVILLE, FL 32578	■ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change
			□ Add
			☐ Remove
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			□ Remove
			□ Change

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Note: If the date:	f other than the date of filing:
f the record speci b) The 90th day	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: y after the record is filed.
Dated 7/	11/2019
$\sqrt{2}$	Desputy Signature of a member or authorized representative of a member
	AK PATEL

Page 3 of 3

Filing Fee: \$25.00