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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INN AT COMMONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEEPAK PATEL.

Name of Person

INN AT COMMONS, LLC

Firm/Company

723 WOODS DR

Address

NICEVILLE, FL. 32578

City/State and Zip Code

deepakpriti@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEEPAK PATEL	850	897-7283
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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)

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**

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 01/01/2019 and assigned
Florida document number L19000002982.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

723 WOODS DR

NICEVILLE, FL 32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

723 WOODS DR

NICEVILLE, FL 32578

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:

723 WOODS DR

Enter Florida street address

NICEVILLE

City

Florida 32578

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANISH PATEL	723 WOODS DR	<input checked="" type="checkbox"/> Add
		NICEVILLE, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SURAJ PATEL	723 WOODS DR	<input checked="" type="checkbox"/> Add
		NICEVILLE, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JANET L. HARRIS
CLERK

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(If an effective 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 605.0207 (3)(b)

If the 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 record is filed.

Deafatt
Signature of a member or authorized representative of a member

Typed or printed name of signee