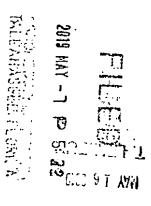
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## **COVER LETTER**

	gistration Sec vision of Cor						
>110 10 AU		ILLE HOSPITALITY LLC					
SUBJECT		Name of Limited Liability Company					
The enclose	ed Articles of /	Amendment and fee(s) are sub-	mitted for filing.				
Please retur	n all correspon	ndence concerning this matter	to the following:				
		Dinesh Gandhi					
			Name of Person	<del></del>			
			Firm/Company				
		8848 Keats Drive					
		Hudson, Fl. 34667	Address				
		dineshgandhi5@hotmail.co		<del></del>			
			to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please ca	all:				
Dinesh Gai			at () 858-4123 Area Code Daytime				
	Name of	Person	Area Code Daytime	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)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

BROOKSVILLE HOSPITALITY LLC		
(Name of the Limited Liability Compar (A Florida Limited L.	iv as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		220
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> <u>ce</u> :	terathe fame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	

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

GR = N IBR = A	Janager Authorized Member		
<u>e</u>	Name	<u>Address</u>	Type of Action
îR	. DINESH GANDHI	8848 Keats Drive	Add
<del></del>		Hudson, FL 34667	Remove
			☐ Change
,			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
I	
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t	
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•	
(If an   <u>No</u>	dective date, if other than the date of filing:
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
  Da	ted 5-3. 2019.
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00