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(((H19000172473 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KMD HOTEL GROUP III LLC

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MAY 3 1 2019

COVER LETTER

	on Section Corporations	<i>:</i>
	HOTEL GROUP III LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	CHIRAG B. KABRAWALA	
	Name of Person	
	KABRAWALA LAW GROUP PLLC	
	Firm/Company	
	190 E. MORSE BOULEVARD	
	Address	
	WINTER PARK, FLORIDA 32789	
	City/State and Zip Code	
	mhospitality@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	tion concerning this matter, please call:	
CHIRAG B. KABI		
N	lame of Person Area Code Daytime Telephone Number	
Enclosed is a check	c for the following amount:	
☐ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &

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

MD HOTEL GROUP III LLC	·
Lisbility Company as it now appears on our recor Plorida Limited Liability Company)	r <u>ds.</u>)
ility Company were filed on 04/05/2019	and assigned
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ADDRESS)	<u> </u>
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registered office address on our record e address here:	ds, <u>enter the name of the ne</u> v
Enter Florida street addr	255
, F	lorida Zip Code
	Clabibity Company as it now appears on our recomplication of Provide Limited Liability Company) ility Company were filed on 04/05/2019 ing: the limited liability company here: s "Limited Liability Company," the designation "LL te: ADDRESS) Parent Florida street address on our recompany here: Enter Florida street address, in the street address on our recompany here:

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

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Taylor Seay 8004323622

(05/06) 05/30/2019 07:34:22 AMH19000172473 3

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	<u>Address</u>	Type of Action
AMBR	MAHENDRA PATEL	6906 SILVER SAGE CIRCLE	Add
		TAMPA, FLORIDA 34677	-
	•		Remove
			☐ Change
MGR	DEVANG JOSHI	738 WELLINGTON COURT	
		TAMPA, FLORIDA 34677	□ Remove
AMBR	CHIRAG PATEL	741 WELLINGTON COURT	Change
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tive date, if other than th	e date of filing:	n date of filing or more than t	(optional) 00 days after filing.) Pursuant to 605,0207
If the date inserted in this b	lock does not meet the applical	ble statutory filing require	ements, this date will not be listed as
nent's effective date on the l	Department of State's records.		
cord specifies a delaye e 90th day after the re		an effective time, a	t 12:01 a.m. on the earlier o
•			
May 29	2019		
		<u>-</u> ·	
	Signature of a member or author		

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Filing Fee: \$25.00