L19000206217

(Rec	questor's Name)	
(Add	lress)	
(Add	fress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

04/28/2021 5.C.



800361521578

03/08/21--01022--027 ++25.00

MAN IN A BULL THE

COVER LETTER

TO:	Registration Se Division of Co		•	, •	, v	
		HOSPITALITY LOGISTICS I			19 19	
SUBJEC	CT:	Name of Lim	ited Liability Compa	ny		
		Amendment and fee(s) are sub ondence concerning this matter				
		SWAPNIL SHAII				
			Name of Perso	on	***************************************	
			Firm/Compan			
		2110 NW 95 AVE				
			Address			
		DORAL, FL 33172				
			City/State and Zip	Code		
		sjs@mahudi,com	to be used for future a			
For furth	er information o	concerning this matter, please c		ивиал героп поин	cation)	
SWAPN	III. SHAH		305 at (592 2712		
	Name o	of Person	Area Cod	e Daytime	Telephone Number	
Enclosed	l is a check for t	he following amount:				
₹ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	Ppy	S60.00 Filing Certificate o Certified Coi (additional cop)	f Status & Co
	Mailing Addres			eet Address: gistration Sect	tion	لين م
	Registration S Division of C			vision of Corp		□ D
	P.O. Box 632	27	Th	e Centre of Ta	llahassee	. f.f.
	Tallahassee,	FL 32314		15 N. Monroe llahassee, FL	Street, Suite 810 32303	~

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number Li9000206217	were filed on Aug 13, 2019		and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abb	reviation "	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
· ·	<u> </u>			-
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 t	the name	e of the n	ew registered
agent and/or the new registered office address here:		34	202 ₁	Ø
Name of New Registered Agent:			, HAA	17
New Registered Office Address:	Enter Florida street address		· + 8	
	Flo	rida	ס	Π
	City	- 104	Zip Code	<i>e</i>
New Registered Agent's Signature, if changing Registered Agent	i	7.	ስስ	

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 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

	= Authorized Member	Address	Type of Action
Title AMBR	BHAVANA SHAH TRUST	2110 NW 95 Ave., Doral, FL 33172	¥ Add
	F/B/O SWAPNIL SHAH		☐ Remove
			☐ Change
AMBR	BHAVANA SHAH TRUST	2110 NW 95 Ave., Doral, FL 33172	XAdd
	F/B/O SHAIL SHAH		Remove
			☐ Change
			☐ Add
			Remove
			☐ Change
 _			
			1=IChange
			مية م
			Remove
			☐ Change
			□ Add
			Remove
			Change

					_
	-				
					 -
				-	_
			 _		_
					
	·	-			
					_
	··				_
					_ 0
	· -		<u>;</u>	2021	'
			:= <u>:</u> :	MAR	— <u>-</u> iJ
			\$ > , +	5	
				ά	
				U	
Tactive data if ather than the data of filing:		(antio	nal)	=	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of f	711	(optio	· · ·	=	٠ د ۱ د ۱ ۱
ote. If the date inserted in this block does not meet the approache states	tory filing require	ments, this	date wil	l not be l	isted as
ocument's effective date on the Department of State's records.					
	0.1	V 6.01	ers o	Nation 3	A l .
record specifies a delayed effective date, but not an effective time, at 12: is filed.	01 a.m. on the ear	riier oi: (b)	Ine yo	лпоауа	iter the
ated Mar 3 rd . 2021		1			
alcu / O		Λ			
,		/\ ·			

Filing Fee: \$25.00

Typed or printed name of signee