

119 000 294 552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

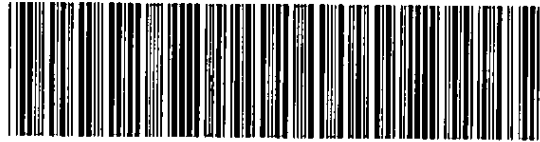
(Business Entity Name)

(Document Number)

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2021 SEP 27 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
OCT 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Six Hospitality, 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:

Narasimha Somayaji

Name of Person

Southern Six Hospitality, LLC.

Firm/Company

170 Williamson Blvd

Address

Ormond beach FL 32174

City/State and Zip Code

somayaji@gmail.com

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

For further information concerning this matter, please call:

Narasimha (Sam) Somayaji

Name of Person

at

(407)

Area Code

394

394-6960

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 SEP 27 PM 3:03
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Southern Six Hospitality, 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 12/02/2019 and assigned
Florida document number L19000294582.

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)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Narasimha Somayaji

New Registered Office Address:

6646 Mangrove Chase Ave.

Enter Florida street address

Orlando

City

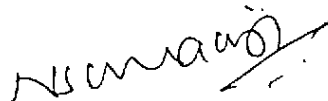
Florida

32809

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	D'Souza Kenneth		<input type="checkbox"/> Add
		170 Williamson Boulevard Ormond Beach FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	D'Souza Kyle		<input type="checkbox"/> Add
		170 Williamson Boulevard Ormond Beach FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dharma Deeksitha Rao	170 Williamson Boulevard Ormond Beach FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Salil Gule/Vaastu Real Estate, LLC	170 Williamson Boulevard Ormond Beach FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rathnaprabha Sherigar	170 Williamson Boulevard Ormond Beach FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 SEP 17 PM 3:08
FILED
CLERK OF DISTRICT COURT
JULIA A. HARRIS, CLERK
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The following members are "not changed" and will still continue as authorized members

AMBR Amble, Harish L 170 Williamson Boulevard Ormond Beach FL 32174

AMBR Somayaji, Narasimha 170 Williamson Boulevard Ormond Beach FL 32174

AMBR Rao, Sanjana 170 Williamson Boulevard Ormond Beach FL 32174

AMBR Sheregar Ragavendra 170 Williamson Boulevard Ormond Beach FL 32174

2021 SEP 27 PM 3:55
ALLAHAM SREE

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E. Effective date, if other than the date of filing: 08/08/2021 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated Sept 09, 2021

S. Rag
Signature of a member or authorized representative of a member

Ragavendra Sheregar

Typed or printed name of signer