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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Sabal Hospitality Grou	p, LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Jagdish Singh				
		Name of Person			
	Sabal Hospitality Group, I	LLC			
		Firm/Company			
	7276 International Dr.				
	Address				
	Orlando, FL 32819		2023		
		City/State and Zip Code			
	jack@gpmhospitality.com				
	E-mail address:	to be used for future annual report notif	ication)		
For further informatic	n concerning this matter, please o	all:	<u>.                                    </u>		
Jagdish Singh		407 492-0893 at ()	i i i i i i i i i i i i i i i i i i i		
Nan	ne of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations		

Tallahassee, FL 32303

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

Sabal Hospitality Group, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)	
he Articles of Organization for this Limited Liability Compa	any were filed on $\frac{1/18/2023}{1}$	and as	signed
orida document number L20000034918			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	iability company here:		
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designatio	on "LLC" or the abbreviation "L	L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		2023 FAS	
			,
nter new mailing address, if applicable:		<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		<del>:</del> .	<u></u>
. If amending the registered agent and/or registered officent and/or the new registered office address here:	ce address on our records,	enter the name of the ne	<u>w regist</u>
Name of New Registered Agent:			
Traine or trest feeginered agent.			
New Registered Office Address:			
	Enter Florida stree	t address	
	Enter Florida stree	ı address , Florida Zip Code	

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>	Address	Type of Action
MGR	Sundeep Singh	7276 International Dr.	<b>≘</b> Add
		Orlando, FL 32819	□Remove
			Change
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Filing Fee: \$25.00