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(Re	questor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORIO,

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G & G HOS PIT	ality LLC ed Liability Company
•	
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Nimesh P	Name of Person
G & G Ho	Spitality LLC Firm Company
700 East	Burleigh Blrd.
	City State and Zip Code
g an a g hos E-mail-address: (a	pitality equal com
For further information concerning this matter, please cal	II:
Nimesh R. Patel	at (407) 754-8406 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
TV \$25.00 Filing Fee & Certificate of Status.	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, Fi. 32314	2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000</u> 4959(
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	1725 West Lake Many Blvd. Lake Many, FL 32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1725 West Lake Many Blvd. Lake Many, FL 32746
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u> istered
Name of New Registered Agent:	SECR JALLA
New Registered Office Address:	Enter Florida street address SSE 7 Florida
New Registered Agent's Signature, if changing Registered Agent:	City Pig Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as point filed to merely reflect a change in the registered office company has been notified in writing of this change.	ce to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Nimesh R. Patel	1725 West Lake Man Blva Lake Many FL 327L	Maid
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Filing Fee: \$25.00