

120000096196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

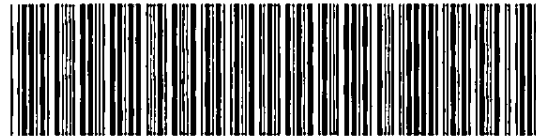
(Business Entity Name)

(Document Number)

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## CREATIVE CHOICE

February 16, 2021

Margaret Freeman,  
Division of Corporation  
2661 Executive Center Circle West  
Tallahassee, FL 32301

Subject: Request for Amendment

Margaret:

Please find enclosed checks in the amount \$ 25.00 each along with the form for the certificate of Amendment for the below entities

- Atithi Resorts LLC – (Current Name AMRIT RESIDENCES I, LLC)
- Personalized Wellness Memberships LLC (Current Name: Amrit Lifestyle Memberships LLC)

I would like to request your help and assistance in getting this amended.

Should you have any questions please do not hesitate to call me.

Sincerely,

Anju Kumar  
561-222-9458  
[anju@creativechoice.net](mailto:anju@creativechoice.net)

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**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>
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 February 15, 2021

Signature of a member or authorized representative of a member

Shama Barot, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**