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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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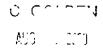
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COVER LETTER

TO: Registration Section

Division of Corporations

RISE & SH	INE HOSPITALITY LLC	•	
SOURCE.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jatin S. Patel		
		Name of Person	
	RISE & SHINE HOSPITA	LITY LLC	
		Firm/Company	•
	1653 Cedrus Lane		
		Address	
	Pensacola, FL 32514		
		City/State and Zip Code	
	jatin999@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Jatin S. Patel		850 324-2927	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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 enclased)
Mailing Addres		Street Address:	tion
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, I	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2000 ETT 22 Pil 6: 07

RISE & SHINE 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 Florida document number L20000125656	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new register
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	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 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	Animesh M. Patel	2012 Hesperia Way	OAdd
		Pensacola, FL 32505	■Remove
			□Change
			□Add
			🖸 Remove
			Change
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			Change

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