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5001 FAIR	GROUND HOSPITALITY, I	LC	
BJECT:	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Seaver P. Brown, Esq.		
	<u> </u>	Name of Person	
	Brown & Zohar Law		
	•	Firm/Company	
	505 E. Jackson St., Suite 3	02	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	seaver@brownzoharlaw.co		
firmthrow in Commonstions -		to be used for future annual report notif	(Cation)
	concerning this matter, please c		
ver P. Brown		727 698-4320 at ()	
Name e	of Person	Area Code Daytime	e Telephone Number
osed is a check for t	he following amount:		
, \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address:	
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

5001 FAIR GROUND HOSPITALITY, LLC злест: _

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

	Scaver P. Brown, Esq.		
		Name of Person	
	Brown & Zohar Law		
	,*,,,,**,	Firm/Company	
	505 E. Jackson St., Suite 3	02	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	······
	seaver@brownzoharlaw.co	11	
	E-mail address: (to be used for future annual report notific	ration)
further information c iver P. Brown	concerning this matter, please c	727 698-4320	
Name o	of Person	at ()Area Code Daytime 1	Telephone Number
losed is a check for t	he following amount:		
S25.00 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)
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	

The Centre of Taflahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT -TO ARTICLES OF ORGANIZATION OF

5001 FAIR GROUND HOSPITALITY, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

e Articles of Organization for this Limited Liability Company were filed or	n September 23, 2020	and assigned
rida document number 1.20000300554		

is amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

ter new principal offices address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

ter new mailing address, if applicable:

<u>uiling address MAY BE A POST OFFICE BOX</u>

If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>nt and/or the new registered office address here</u>:

Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip (B)

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change. amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager **MBR** = Authorized Member **Type of Action** <u>Name</u> Add ress <u>tle</u> DINESH GANDHI 8848 Keats Drive GR _____ 🛄 🛄 🗔 Add Hudson, FL 34667 _____ **E**Remove ____ □Change 5433 Highlands Vista Circle GR. SURYAKANT MISTRY _____ □∧dd Lakeland, FL 33812 _____ ERemove _____ Change _____ 🗆 🛄 🗔 Add _____ 🖸 Remove _____ □Change _____ 🖸 Add _____ □Remove □Change

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

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ffective date, if other than the date of filing: ______(optional) 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) lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.

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 is filed.

ated		
	Signature of a member	
VIJAY GANDHI		

Typed or printed name of signee