

L21000031960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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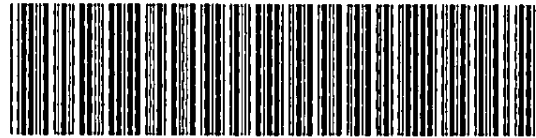
(Business Entity Name)

(Document Number)

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Pensacola Hotel Partners, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brooke Powers
Name of Person

Rody Winstead Turner PLLC
Firm/Company

2010 21st Ave South
Address

Nashville, Tennessee 37212
City/State and Zip Code

bpowers@rwtlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Powers at (615) 515 - 3530
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pensacola Hotel Partners 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 Company were filed on 1/14/2021 and assigned Florida document number L21000031960.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

7050 Plantation Rd
Pensacola, FL 32504

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7050 Plantation Rd
Pensacola, FL 32504

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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 Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person
removed from our records:

MR = Manager

IBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NGMR	Dwayne Johnson	8080 N Davis Hwy	<input type="checkbox"/> Add
		Pensacola, FL 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bhavesn Kumar	P.O. Box 1168	<input checked="" type="checkbox"/> Add
		Athens, AL 35612	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Umesh Desai	1054 Meyer way	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mukesh Desai	4453 Oak Orchard Cir.	<input checked="" type="checkbox"/> Add
		Pace, FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 8, 2024

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Mollie A. Grass

Typed or printed name of signee