

6/8/2021

\*Kim Tedlock 8004923672

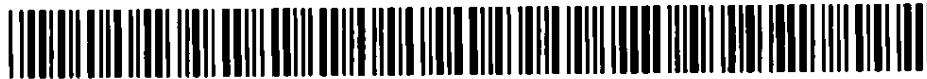
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Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AARUSH HOSPITALITY LLC**

Certificate of Status	0
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JUN 09 2021

A. LUNT

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**COVER LETTER**

H21000226897 3

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AARUSH HOSPITALITY 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:

GIRISHKUMAR PATEL

Name of Person

AARUSH HOSPITALITY LLC

Firm/Company

14624 Lake Magdalene Circle

Address

Tampa, Florida 33612

City/State and Zip Code

sunsetinn2106@gmail.com

E-mail address: (to be used for future annual report notification)

2021 JUN -8 PM 4:49  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GIRISHKUMAR PATEL

at ( 803 ) 316-3744

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

H21000226897 3

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

H21000226897 3

AARUSH 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 Company were filed on MARCH 5, 2021 and assigned  
Florida document number 1.21000107780.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

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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>
MBR	AMI PATEL	2523 E BUSCH BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33612 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	AMISH B PATHI	9113 BALTIMORE AVENUE	<input type="checkbox"/> Add
		COLLEGE PARK, MD 20740 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIRISHKUMAR PATEL	14624 LAKE MAGDALENE CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33612 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

DEPARTMENT OF STATE  
FALLAHASSE, FLORIDA

PAUL HANSEN, F. CRIDA

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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)

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Dated June 8, 2021

Signature of a member or authorized representative of a member

CHIRAG B. KABRAWALA, ESQ., Auth. Representative

Typed or printed name of signee