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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	TVASTARI	IOSPITALITY LLC			
3000ner,		Name of Limi	ited Liability Company		_
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Jignesh Patel			
			Name of Person		
			Firm/Company		
		758 Heritage Dr.			
			Address		
		Weston FL 33326			
			City/State and Zip Code		
		tvastarhospitality@gmail.co			
		E-mail address: (t	o be used for future annual re	port notification)	
For further in	nformation con	ncerning this matter, please ca	H:		
Jignesh Pate	I		405 6099	119	
	Name of I	Person	at () Area Code	Daytime Telephone Nur	nber
Enclosed is a	check for the	following amount:			
□ \$25.00 F	filing Fee	☐ \$36,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi sed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)

Registration Section

TO:

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

TVASTAR HOSPITALITY LLC				
(<u>Name of the Limi</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on or Liability Company)	ir records.)	
he Articles of Organization for this Limited I	Liability Company	were filed on 04/05/202	21	and assigned
orida document number 1.21000158654	<u> </u>			
nis amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name of	of the limited liab	oility company here:		
e new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbrev	iation "L L.C."
nter new principal offices address, if appli	cable:	7675 W Irlo Bronson	Memorial Hwy, Kissi	mmee, FL 34747
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
nter new mailing address, if applicable:	. 6.015			
lailing address MAY BE A POST OFFICE	<u>(BOX)</u>			
				
If amending the registered agent and/or		address on our record	s, enter the name of	the new registe
ent and/or the new registered office addre	ess here:			, <u>,</u>
Name of New Registered Agent:	Jignesh Patel			183
New Registered Office Address:	758 Heritage D	Orive		1
New Registered Office Address:		Enter Florida stre	ret address	, %
	Weston		, Florida _33326	20
		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

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
MBR	Jignesh P Dhamelia	1194 chisolm Trail Drive, Diamond Bar, CA 91765	🖹 Add
			□Remove
			Change
MBR	Samir Patel	2713 wild Lilac dr. pearland TX 77584	= Add
			□Remove
			Change
MBR	Shailesh Shah	823 258th Ave NE Sammamish WA 98074	≣ Add
			□Remove
			□Change
MBR	Nirav Kapadia	81 Stevenson Dr, Marlboro, NJ 07746	= Add
			Remove
			Change
MBR	NIRAV Y PATEL	326 GREENFIELD ROAD, BRIDGEWATER NJ 0	88(□Add
		REMOVE	≅Remove
			□Change
MBR	Anand A Trivedi	19955 Belmont station drive, Asinburn, VA 20147	\equiv Add
	·		□Remove
			□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
MBR	Dharmesh Patel	919 274th PL SW. Sammamish, WA 98075	■Add
			□Remove
			Change
MBR	Ritesh Patel	24205 NE 110TH ST. Redmond, WA 98053	■Add
			□Remove
MBR	Pankaj Patel	4852 Ancient Marble Dr. Sarasota FL 34240	≝Add
			□Remove
			□Change
MBR	Hansaben Patel	2140 Gunter Ave, Guntersville, AL 35976	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			©Remove
			□Change

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Note:	e date, if other than the date of filing:	t to 605.020 be listed a
e record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da I.	ay after the
	··	
Dated	·	
Dated _		
Dated _	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00