

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BAKER & HOSTETLER LLP
 Account Number : I1999000077
 Phone : (407)649-4016
 Fax Number : (407)841-0168

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

Email Address: mp71383@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MATAJI HOTELS LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Mataji Hotels, 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:

Keith C. Durkin

Name of Person

Baker & Hostetler, LLP

Firm/Company

200 South Orange Avenue, Suite 2300

Address

Orlando, Florida 32801

City/State and Zip Code

Mp71383@gmail.com

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

For further information concerning this matter, please call:

Keith C. Durkin

407

649-4005

At (_____) _____

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

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

Mataji Hotels, 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 08/10/2021 and assigned
Florida document number L21000359006.

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:

Manish Patel

New Registered Office Address:

2801 North Monroe Street

Enter Florida street address

Tallahassee

Florida 32303

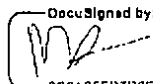
City

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.

Dec. Signed by:



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: H23000395882 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sheetal Patel	141 Shamrock Hill Drive	<input type="checkbox"/> Add
		Wappinger Falls, New York 12590	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pinku Patel	141 Shamrock Hill Drive	<input type="checkbox"/> Add
		Wappinger Falls, New York 12590	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Urvi Patel	141 Shamrock Hill Drive	<input type="checkbox"/> Add
		Wappinger Falls, New York 12590	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Manish Patel	2801 North Monroe Street	<input checked="" type="checkbox"/> Add
		Tallahassee, Florida 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

[illegible]


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 10/26/2023 | 10:06 AM PDT, 2023

DocuSigned by:

ACBAC6C0259EAAA

Signature of a member or authorized representative of a member

Manish Patel, Member and Authorized Representative of Company

Typed or printed name of signee

Filing Fee: \$25.00

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