Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DHRUV MANAGEMENT

Account Number : I20170000032

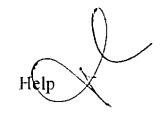
Phone : (813)951-0222 Fax Number : (727)499-2716

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

Email Address: whatel Edhow management

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME HOSPITALITY SRQ, LLC

Certificate of Status	0				
Certified Copy	0				
Page Count	06				
Estimated Charge	\$25.00				



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: HMAL	thospitality SRG L	-LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	utkarsh Pate	A Name of Person	<del></del>
		Firm/Company	
	6903 Congress	<b>♂</b> †	
		Address	2024
	New port Riche	Y, FL, 34653 City/State and Zip Code	ec 7
	<b>V</b>	City/State and Zip Code	23
	<u>ufatel Edhruv</u> E-mail address: (1	man agement. com	SSE 3
For further information c	oncerning this matter, please co		2024 OCT 23 AM 11: 53 SECTION OF STATE SECTION AND SEE, FL
ut karsh pat	el	at (727) 846 - Area Code Daytime Tele	9500
Name o	f Person	Area Code Daytime Telej	onone Number
Enclosed is a check for the	he following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporat	tions
P.O. Box 632		The Centre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (λ Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L21000496354</u> .	any were filed on 11/18/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	2024 SET
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicable:		23 m
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	CAST TO
		F. 53
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the na	me of the new registered
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 Ag	ent:	

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 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
MGR	pravin D. Gadhia	6939 westchester Rd	□Add
		Lakewood Ranch, FL 34202	Remove
			Change
MGR	Nakul Gadhia	6939 Westchister cit	[\$\int Add
		Laxewood Ranch, FL 34202	□Remove
			□Change
<u>-</u>			20240CT
			AGOCT ZOVE AM B: 53
			SECULOCIA PLANT
	<u></u>		FIN 53
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	\ \ \ .	Signature								
		Signature	of a men	nber or auth	orized repres	entative of	a member		<del></del>	
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Filing Fee: \$25.00