LA100534600

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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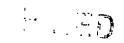
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FC	Name of Limit	OSPITALITY LL	<u>C</u>
	Amendment and fee(s) are subn		
Please return all correspor	ndence concerning this matter to	o the following:	
	<u>SRINA</u>	714 KOTHCA Name of Person	
	·	FirmyCompany	
	8319_S=	RRAND CIRCL	Ê
	MELBOURN CHOSEN E-mail address: 10	JE FL 3294 City/State and Zip Code PRUPERTIES @ 1 o be used for future annual report notif	AHOO: COM
For further information of	oncerning this matter, please ec		
SRINA71 Name o	1 KOTHLA	at (<u>917)</u> 287 Area Code Daytime	- D9 D5 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	Ci S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address:	

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



Faurtine	HASOLTA	117411	_	2022 JUL 20	PH 4:54
FOURTUNE	Liability Company Florida Limited Lia	as it now appears oility Company)	on our records.)		E STE
The Articles of Organization for this Limited Lia		ere filed on	7/20/22	and assigned	
Florida document number <u>L21000</u> 5;	<u>346</u> 00				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company he	<u>·e</u> :		
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the de	signation "LLC" or the abbi	eviation "L.L.C "	-
Enter new principal offices address, if applica					_
(Principal office address MUST BE A STREET				,	<i>-</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(<u>OX)</u>				_
					-
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office ac here:	ldress on our r	ecords, <u>enter the name</u>	of the new registe	<u>rred</u>
Name of New Registered Agent:	<u>521</u>	NATH	KOTHLA		-
New Registered Office Address:	8319 5	ERRAN C	ida street address		-
	MalBou	12NE	KOTHLA CIRCLE ida street address Florida	3294 D Zip Code	_
Non-Bonistanud Agant's Signature if changing R					

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>	Name	<u>Address</u>	Type of Action
MNGR	REEPAL MÊHTA	8319 SERRANIO CIRCLE	(_Add
		MELBOURNE FL 3294	Remove
MNGR	SRINATH KOTHLA	8319 SERRANO CIRCLE	XAdd
		MELBOURNE FL 32941	<u>り</u> □Remove
			©Change
<u> </u>			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[7] Change
			□Remove
			[]Change
			□Add
			=Remove
			□ Change

	nding any other information, enter change(s) here: (Aitach additional sheets, it necessary.)

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fun eff Note:	ove date, if other than the date of filing: 7/20/22 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed; ent's effective date on the Department of State's records.
recor d is fi	d 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 led.
Dated	7/20/22 MEHTA. Typed of printed name of signee
	Mr
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00