

L22 000 098339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

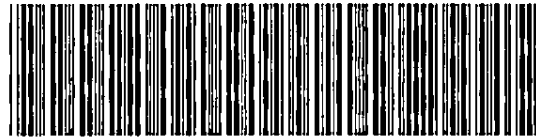
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**TO: Registration Section
Division of Corporations**

SUBJECT: NOVA PLANATION 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:

Parth Munshi

Name of Person

Octave Nova Investments, LLC

Firm/Company

5865 North Point Parkway, Site 350

Address

Alpharetta, GA 30005

City/State and Zip Code

pmunshi@octavechi.com

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

For further information concerning this matter, please call:

Parth Munshi

404

218-3600

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

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

NOVA PLANTATION 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 February 24, 2022 and assigned
Florida document number L22000098339.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOVA FLL Hotel, LLC

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

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>
MGR	Sunil Joshi	20073 Blackwolf Run Place	<input type="checkbox"/> Add
		Ashburn, VA 20147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pravin Kotadia	25245 Methley Plum Dr	<input type="checkbox"/> Add
		Aldie, VA 20105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Octave NOVA Hospitality Fund I, L	5865 North Point Parkway	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		Alpharetta, GA 30022	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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