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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Nova FLL SUBJECT:	Hotel, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Raju Parikh		
		Name of Person	- <del> </del>
	Nova Plantation Hotels, Ll	LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	20755 Williamsport PL, St	e. #290	
		Address	
	Ashburn, VA 20147-6523		
		City/State and Zip Code	
	raju@lhmcompanies.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Raju Parikh		301 728-1242 at ()	
Name o	f Person	Area Code Daytim	c Telephone 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 (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
r.U. DOX 032	. /	ine Centre of 1	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nova FLL Hotel, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
the Articles of Organization for this Limited Liability Comp	any were filed on 3/28/23 and ass	signed
lorida document number $\frac{1.22000098339}{}$ .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ova Plantation Hotels, LLC		
ne new name must be distinguishable and contain the words "Limited L	liability Company," the designation "I.I.C" or the abbreviation "I.	.L.C."
nter new principal offices address, if applicable:	?::	
Principal office address MUST BE A STREET ADDRESS	5)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the name of the ne</u>	<u>v regist</u>
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	block does not meet the appl	icable statutory filing i	(optional) e than 90 days after filing.) Pursuant requirements, this date will not b	to 605.0207 (3 be fisted as th
e record specifies a delayed effecti rd is filed.	ive date, but not an effective	time, at 12:01 a.m. on	the earlier of; (b) The 90th day	y after the
July 12th	2024			
Dated July 12th	Delinikh	·		
	11/W M 1/2 1/2			
	Signature of a member or aut	horized representative of	a member	<del></del>

Filing Fee: \$25.00