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| Special Instructions to | Filing Officer: | |
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22 APR -6 AM 9: 33

T. MATTHEWS APR 2 1 2022

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | |
|---|--|---|--|
| Gauri Gand | | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Eric Frommer | | |
| | | Name of Person | |
| | ATLAS Law Group LLC | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 5829 Grand National Drive | • | |
| | | Address | |
| | Orlando, FL 32819 | | |
| | | City/State and Zip Code | |
| | e.frommer@stealthmanage. | com to be used for future annual report noti | Gartion) |
| For further information of | concerning this matter, please co | | nearion |
| Eric Frommer | | 407 581-5049 | |
| Name of Person | | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | 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 Addres | | Street Address: | |
| Registration Section Division of Corporations | | Registration Sec Division of Cor | |
| P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR -6 AM 9: 33

Gauri Ganesh III 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 wer | e filed on | and assigned |
|--|---|--|
| Florida document number 1.22000123025 | | |
| 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 C | ompany," the designation "LLC" or the a | bbreviation "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 addragent and/or the new registered office address here: | ess on our records, <u>enter the nar</u> | ne of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | the name of the new registered The name of the new registered Tip Code Tip Code The agree to comply with the and I am familiar with and F.S. Or, if this document is |
| | , Florida City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additional company has been notified in writing of this change. | formance of my duties, and I am ided for in Chapter 605, F.S. Or | familiar with and ; if this document is |

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 | Address | Type of Action |
|-------------------|---------------------------|----------------------------|----------------|
| AMBR | UmaNeel Hospitality LLC | Attn: Girish Patel | = Add |
| | | 5829 Grand National Drive | Remove |
| | | Orlando, Florida 32819 | □Change |
| AMBR | RSVP Ventures LLC | Attn: Suresh Gupta Trustee | ■Add |
| | | 5829 Grand National Drive | □ Remove |
| | | Orlando, Florida 32819 | |
| AMBR Girish Patel | 5829 Grand National Drive | | |
| | | Orlando, Florida 32819 | =Remove |
| | | | □ Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
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| | | | Remove |
| | | | □Change |

| Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as of document's effective date on the Department of State's records. 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 cord is filed. Dated March 28 2022 Senature of a member or authorized representative of a member Ansbu Jain |). If amending any other inform | | | | |
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| Signature of a member or authorized representative of a member | March 28 | 2022 | | | |
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| Anshu Jain | | Signature of a member or author | rized representative of a men | nber | |
| | Anshu Jain | | | | |