

L23000057330

(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:

Office Use Only



700405176777

03/23/23--01011--016 ++60.00

FILED
2023 MAR 23 PM 6:13
CLERK OF COURT
JACKSONVILLE, FL

S. FRANKLIN

MAY 12 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roshan Hospitality #4, 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:

Amin Gulamali

Name of Person

Firm/Company

100 W Lucerne Circle, Suite 603

Address

Orlando, FL 32801

City/State and Zip Code

obtshell@bellsouth.net

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

For further information concerning this matter, please call:

Amin Gulamali

321

231-4580

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

ROSHAN HOSPITALITY #4, 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 01/31/2023 and assigned
Florida document number L23000057330.

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 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	AMIN GULAMALI	100 W LUCERNE CIRCLE	<input type="checkbox"/> Add
		SUITE 603	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change
AMBR	AMIN GULAMALI	100 W LUCERNE CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 603	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change
AMBR	RAMZAN GULAMALI	100 W LUCERNE CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 603	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 20 2023


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00