Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DHRUV MANAGEMENT Account Number : 120170000032

Phone : (813)951-0222 Fax Number : (727)499-2716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lostel@drivvamangement.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TULSI INVESTMENT ONE LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Arein 3

Give original submission date.

COVER LETTER

Division of Cor			
	ESTMENT ONE LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Utkarsh Patel		
		Name of Person	
	Dhrav Management		
		Firm/Company	
	6903 Congress St		
		Address	
	New Port Richey, FL 3465	3	
		City/State and Zip Code	· ;
	upatel@dhruvmanagement.	com to be used for future annual report no	
For further information of	e-mail address: (meanony
Utkarsh Patel	oncerning this maker, prease o	727 846-9500	
	C.I.		ime Telephone Number
Name o	of Person	Area Code 12dyo	mic receptione remainer
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)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Cupy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of C	orporations
P.O. Box 632	27	The Centre of	Tallahassee roe Street, Suite 810
Tallahassee, FL 32314		2413 N. MOR	IOC SHEEL, SUITE OF O

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability (ompany)	**************************************
ny were filed on <u>08/17/2023</u>	and assigned
ability company here:	
ability Company," the designation "LLC" or	the abbreviation "L.L.C."
	2024
	<u> </u>
ee address on our records, enter the	e name of the new registered
	
Enter Florida street address	
, Flori	da
City	Zip Code
1	ability company here: ability Company," the designation "LLC" or the address on our records, enter the

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>	Address	Type of Action
MGR	Jai Jalaram Hotels LLC	6455 EAST JOHNS CROSSING SUITE 135	是 Add
		JOHNS CREEK, GA 30097	□Remove
			□ Change
MGR JSN	JSN 2580 LI.C	479 MONTGOMERY PLACE	= Add
		ALTAMONTE SPRINGS, FL 32714	Remaye
			Remove Change: Add Remove
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			- 1 ☐Change
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			□Add
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessar		
			
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if an effect Note: If	c date, if other than the date of filing: (optional tive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.	g.) Pursuant to	605.0207 listed as
record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day a	after the
Dated	July 2 2004		
	Signature of a member or authorized representative of a member		-
	Vijay Patel		
	Typed or printed name of signee		-

Filing Fee: \$25.00