

# L23000471528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2023 OCT 20 AM 10:42

TALLAHASSEE, FLORIDA

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CLERK OF COURT'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: -120210000160 **\$25.00**

Authorization Signature: \_\_\_\_\_

Bisht Hospitality LLC L23000471528

Business Name

Doc. #

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**AMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. or  
Office or Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Authority**

**OTHER FILINGS**

☐ Annual Report  
  
☐ Fictitious Name  
  
☐ APOSTILLE

Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BISHT HOSPITALITY 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:

DANIELA N. TOLLIVER

Name of Person

THE FAULKNER FIRM, P.A.

Firm/Company

4056 TAMPA ROAD

Address

OLDSMAR, FL 34677

City/State and Zip Code

DANIELA@THEFAULKNERFIRM.COM

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

For further information concerning this matter, please call:

DANIELA N. TOLLIVER

727 939-4900  
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**

FILED

BISHT HOSPITALITY LLC

2023 OCT 20 AM 10:42

(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 OCTOBER 13, 2023 and assigned  
Florida document number L23000471528.

This amendment is submitted to amend the following:

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

SAR ESTATES 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)**

16405 US HWY 19 N

CLEARWATER, FLORIDA 33764

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6105 MAIN STREET

NEW PORT RICHEY, FLORIDA 34653

**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	ACCRUIT EXCHANGE ACCOMMODATION SERVICES LL	5250 OLD ORCHARD ROAD	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		SKOKE, IL 60077	<input type="checkbox"/> Change
MGR	MUKESHBHAI M AMIN	14316 BEAUTY CIRCLE	<input checked="" type="checkbox"/> Add
		HUDSON, FLORIDA 34667	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PURVI SHAH	6508 49TH COURT E	<input checked="" type="checkbox"/> Add
		ELLENTON, FLORIDA 34222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SWETA PETAL	16512 5TH AVENUE E	<input checked="" type="checkbox"/> Add
		BRADENTON, FLORIDA 34212	<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

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(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 (3)(b)

If 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 record is filed.

OCTOBER 18

2023

John A. Fennell

DEBRA A. FAULKNER

Typed or printed name of signee