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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Elite Hotel	Group LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jagtar S Bhatti		
		Name of Person	
		Firm/Company	
	17190 Ocean Hill Dr		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Winter Garden, FL, 34787		
	bhattijagtar@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
	oncerning this matter, please ca		
Jagtar Bhatti		407 4501460	
Name o	f Person	at () Area Code Daytin	ne 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 Addre		Street Address: Registration Se	ection
Registration Division of C		Division of Co	

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

Elite Hotel Group LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	Į,
The Articles of Organization for this Limited L Florida document number $\frac{1.24000096212}{1.24000096212}$	were filed on	and assigned	
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Elite Hotel Group LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		17190 Ocean Hill Dr	T : 'N
		Winter Garden, FDL 34787	
			7 1
			2 E
Enter new mailing address, if applicable:		no Change	
(Mailing address MAY BE A POST OFFICE BOX)			OR P
			A S
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:	address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:  Jagtar S Bhatti			
New Registered Office Address:	17190 Ocean H		
	Enter Florida street address		
	Winter Garden	Flo	orida <u>34787</u>
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member	cl = se	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		<del> </del>	□Add
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			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	P C
	<u></u>
_	
_	
(If an effective Note: If	e date, if other than the date of filing:
the record cord is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	Jagtas SBLATI: Typed or printed name of signee