

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA HOSPITALITY SERVICES GROUT
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RIVESH PATEL
Name of Person

Firm/Company

959 HOLLYWOOD BLVD
Address

HOLLYWOOD, FL 33019
City/State and Zip Code

RIVESH.P @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RIVESH PATEL at (305) 548-0155
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

SOUTH FLORIDA HOSPITALITY SERVICES GROUP 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 7/24/24 and assigned Florida document number L 24000328761.

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:

RIVESH PATEL

New Registered Office Address:

959 HOLLYWOOD BLVD

Enter Florida street address

HOLLYWOOD

City

Florida

33019

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>
<u>MGR</u>	<u>RIVESH PATEL</u>	<u>959 HOLLYWOOD BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33019</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>TOBY TORRES</u>	<u>1800 COLLINS AVE</u>	<input type="checkbox"/> Add
		<u>UNIT 16E</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>TARA PATEL</u>	<u>959 HOLLYWOOD BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>HOLLYWOOD, FL</u>	<input type="checkbox"/> Remove
		<u>33019</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I NEED TO ADD MY NAME ~~SR~~ RIVESH PATEL
SO I CAN OPEN A BANK ACCOUNT.
FOR MY COMPANY. I MADE A
MISTAKE WHEN I REGISTERED THE
COMPANY ONLINE.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated 27 AUGUST 2024.



Signature of a member or authorized representative of a member

RIVESH PATEL

Typed or printed name of signer