P0100055549

| (Re | equestor's Name) | |
|-------------------------|---------------------|-----------|
| | | |
| (Ad | ddress) | |
| | | |
| (Ad | ddress) | |
| | Luciona Dia Dia | 40 |
| (C | ity/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | • |
| (B | usiness Entity Nam | ne) |
| | | |
| (D | ocument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | . <u></u> |
| Special Instructions to | Filing Officer: | : |
| : | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200254777852

12/30/13--01012--010 **52.50

13 DEC 30 PM 11:47

DEC 07 7014

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | | |
|---|--|--|--|--|
| NAME OF CORPORATION: SNEHA HOTELS INC | | | | |
| DOCUMENT NUMBER: P010000 55549 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Ghanshyam R Patel Name of Contact Person Sncha Hotels ine Firm/Company 464 E Liberty St Address Hernando, FL 34442 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: Cheen 3Ny am R Parkel at 352 514 - 0401 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment Section | | | | |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to

Articles of Incorporation

of

| Sneha trotel | 3 ine | | |
|---|-------------------------|---|-------------------|
| (Name of Corporation as curren | tly filed with the Flor | ida Dept. of State) | |
| P010000 53 | | | _ |
| (Document Numb | er of Corporation (if k | nown) | |
| Pursuant to the provisions of section 607.1006. Fi | | orida Profit Corporation adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of t | пе согрогинан: | | |
| name must be distinguishable and contain the | | "" " " " " " " " " " " " " " " " " | _The new |
| "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o | Corp," "Inc," or "Co | ". A professional corporation name must | contain the |
| B. Enter new principal office address, if appli- | cable: | | _ |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | _ |
| | | | _ |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | - |
| | | | |
| | | _ | <u> </u> |
| | | | - B 個 |
| D. If amending the registered agent and/or re- new registered agent and/or the new regist | | s in Florida, enter the name of the | DEC 30 |
| | _ | | -p (19 |
| Name of New Registered Agent | | | PM 11: 47 |
| • | | | |
| | (Florida street | address) | → 🦿 |
| New Registered Office Address: | | , Florida | _ |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agents. | | n and accept the obligations of the position. | |
| Signature | of New Registered Age | ent, if changing | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | PT John I | <u>Joe</u> | |
|-------------------------------|---|-----------------|-------------------|
| X Remove | <u>V</u> <u>Mike J</u> | ones | |
| X Add | SV Sally S | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | Y/T | HARSHAD R PARCE | 464 Eliberty st |
| Add | | | Hernando. H 34442 |
| Remove | | | |
| 2) Change | Y/T | SWATE H PATEL | 62 Endeavor Bwd |
| Add | | | EAST windson |
| Remove | | | NJ 08520 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | *************************************** | | , |
| Add | | | |
| Remove | | | |

| | ticles, enter change(s) (Be specific) | <u>uciv</u> . | | |
|---|--|---|---------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| f an amandanant musicidae fau | change, reclassificatio | n, or caucellation ined in the amend | of issued shares, nent itself: | |
| provisions for implementing the am | enament it not conta | | | |
| ran amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A) | enament II not conta | | | |
| provisions for implementing the am | enument ii noi conta | | | |
| provisions for implementing the am | enument it not conta | | | |
| provisions for implementing the am | enument it not conta | | | |
| provisions for implementing the am | enument it not conta | | | |
| provisions for implementing the am | enument it not conta | | | |
| provisions for implementing the am | enument it not conta | | | |
| provisions for implementing the am | enument ii noi conta | | | |

| | , if other than the |
|--|---|
| date this document was signed. | |
| Effective date if applicable: 12/1/2013 (no more than 90 days after amendment file date) | *************************************** |
| (no more than 90 days after amendment file date) | |
| | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voling group) | |
| (voling group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated | |
| Signature Phlade, | |
| (By a director, president or other officer - if directors or officers have not been | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | |
| Ghanshyam R Patel | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) President | |
| (Title of person signing) | |