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(Ad	idress)	
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Division of C		· · · · · · · · · · · · · · · · · · ·	A De Carlos 😿
Le Merid	lien Orlando Management Fund, L	LC .	
SUBJECT.	Name of Limit	ted Liability Company	.
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	David Finkelstein		
		Name of Person	
	American Immigration Gro	up, LLC	
		Firm/Company	
	230 Park Avenue, Suite 154	19	
		Address	
	New York, NY 10169		
		City/State and Zip Code	
	Dfinkelstein@eb5aig.com		
	E-mail address: (to	be used for future annual report r	otification)
For further information	concerning this matter, please ca	II:	
Qendrese Sadriu		646 867-0416	
Name	e of Person	Area Code Day	time 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Le Meridien Orlando Management Fund, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on July 15, 2015	and assigned
Florida document number L15000121042		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
LM Orlando Hotel Management Fund, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		\$5
		SS SE
		P2
Enter new mailing address, if applicable:		SEC
(Mailing address MAY BE A POST OFFICE BOX)		79 € 11
		SIA:
	·	9
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	Zip Code

If Changing Registered Agent, Signature of New 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
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Septemb	er 23		2015					
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Typed or printed name of signee

Filing Fee: \$25.00