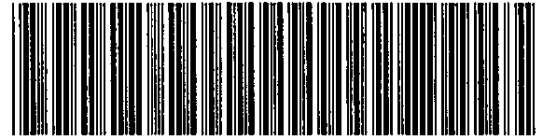


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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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LAW OFFICES
SCHREIBSTEIN AND TUCKER, LLC
50 CORPORATE CENTER
10500 LITTLE PATUXENT PARKWAY
SUITE 305
COLUMBIA, MARYLAND 21044
PHONE (443) 276-1818
FAX (443) 276-1823

Michael A. Schreibstein
Legal Assistant

DIRECT DIAL (443) 276-1822
E-mail: mike@rbslaw.net

September 19, 2017

VIA FEDERAL EXPRESS

Division of Corporations
Certification Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Lakeland H2 Hospitality, LLC
Document Number: L16000013329

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of Lakeland H2 Hospitality, LLC, and a check in the amount of \$25.00 for the cost of filing.

Please send the Articles of Amendment to the Articles of Organization to my attention. Please contact me with any questions or concerns.

Very truly yours,



Michael A. Schreibstein
Legal Assistant to
Richard B. Schreibstein

MAS
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lakeland H2 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:

Michael Schreiberstein
Name of Person
Schreiberstein and Tucker, LLC
Firm/Company
10500 Little Patuxent Parkway, Suite 305
Address
Columbia, Maryland 21044
City/State and Zip Code
mike@rbslaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Schreiberstein at (443) 276-1818
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lakeland H2 Hospitality, 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 January 19, 2016 and assigned Florida document number L16000013329.

This amendment is submitted to amend the following:

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

Lakeland Suites, 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)

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TALLAHASSEE, FLORIDA

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: _____

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input 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.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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

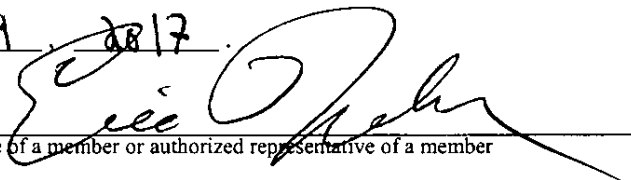
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 September 19, 2017



Signature of a member or authorized representative of a member

Eric Tucker

Typed or printed name of signee