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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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TC		ration Seçti n of Corpo		
ei.		O HOSPITA	ALITY, LLC	
SU	BJECT:		Name of Lim	ited Liability Company
Th	e enclosed Ar	ticles of An	nendment and fee(s) are sub-	mitted for filing.
Ple	ease return all	corresponde	ence concerning this matter	to the following:
			DAVID W. SOUTHWELI	L
				Name of Person
			TRUST ADVISORS COR	PORATION
				Firm/Company
			5781-B NW 151 STREET	
				Address
			MIAMI LAKES, FLORID	PA 33014
				City/State and Zip Code
		-	DAVID@TRUSTADVISO	RSCORP.COM to be used for future annual report notification)
Fo	r further infor	mation cond	erning this matter, please ca	•
DAVID W. SOUTHWELL 305 822-8161		305 822-8161 at ()		
		Name of Po	erson	Area Code Daytime Telephone Number
En	closed is a ch	eck for the f	ollowing amount:	
	\$25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

RIO 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 $\frac{2}{22}$ 2016 and assigned Florida document number ______L16000036074 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SGV HOSPITALITY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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te: If the da	ate inserted in this block does rective date on the Department	not meet the app	licable statutory fi	ling requirements, thi	s date will not be listed
	ecifies a delayed effective		not an effective	e time, at 12:01	a.m. on the earlier
ne 90th c	lay after the record is fil	rea.	_		
	JUNE 8TH, (2017			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00