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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RABIDEAU KLEIN Account Number : I20200000035 : (561)655-6221 Fax Number : (561)655-3221

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIG CHESTERFIELD PB HOTEL PROPERTY, INC.

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T. LEMIEUX Helpr 2 0 2022

COVER LETTER

TO: Registration Se Division of Cor						
	FIELD PB HOTEL PROPERTY,INC.					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter to the following:					
	Guy Rabideau					
	Name of Person					
	Rabideau Klein					
	Firm/Company					
	440 Royal Palm Way, Suite 101					
	Address					
	Palm Beach, FL 33480					
	City/State and Zip Code					
	grabideau@rabideaukiein.com E-mail address: (to be used for future annual report notification)					
For further information c	concerning this matter, please call:					
Guy Rabideau	at () Area Code Daytime Telephone Number					
Name o	of Person Area Code Daytime Telephone Number					
Enclosed is a check for the	the following amount:					
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	atus &				

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

CHESTERFIELD PB HOTEL PROPERTY, INC.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number F15000002543	were filed on 06/10/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	ry 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 at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered
	\$1.C
New Registered Office Address:	Enter Florida street address , Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	FE CO
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
CFO	Christopher McConnell	363 Cocoanut Row	□Add
		Palm Beach, FL 33480	■Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			DAdd
			□Remove
			□ Change
			□Remove
			□ Change

44 AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(If an ci Note:	tive date, if other than the date of filing:
he reco	rd specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	
	Signature of a member or authorized representative of a member
	GUY MS 10 km. Typed or printed name of signee

Filing Fee: \$25.00