# LD6000014947

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2000) 200 2000,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com

# **inc**serv<sup>D</sup>

#### **ORDER FORM**

**TO** Florida Department of State

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

corphelp@dos.myflorida.com

850-245-6051

**FROM** 

Melissa Stops

mstops@incserv.com

850.656.7953

**REQUEST DATE** 8/6/2018

**PRIORITY** Routine

OUR REF # (Order ID#) 675667

**ORDER ENTITY** 

PHD HOSPITALITY, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

PHD HOSPITALITY, LLC (FL)

File the attached amendment

Short Form Good Standing Certificate

#### **NOTES:**

\$30.00 Authorized

Email address for annual report reminders: dawn.berry@phd-hosp.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 06, 2018 Page 1 of 1

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHD HOSPITAL	.ITY, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company w	ere filed on	02/03/2006	and assigned
Florida document number L06000014947			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	v Company," the de	signation "LLC" or the	abbrevia "L.L.C."
Enter new principal offices address, if applicable:			三三
(Principal office address MUST BE A STREET ADDRESS)			in the second
			子のまり
Enter new mailing address, if applicable:			35 7
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<u> </u>
	<del></del>		
B. If amending the registered agent and/or registered office address here:		our records, ente	r the name of the i
Name of New Registered Agent:			· <del> · · · · · · · · · · · · · · · · ·</del>
New Registered Office Address:	Enter Flor	ida street address	
		Florida	
<del> </del>	City	, FIOTICIA _	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 addless or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dawn M. Berry	7025 E. Greenway Pkwy, Ste 200	
		Scottsdale, AZ 85254	
		···	Change
MGRM	Kevin Robert	6314 Waterway Drive	Add
		Falls Church, VA 22044	■ Remove
			Change
MGRM	Darrell M. Hanson	2500 Main Street	
		Fort Myers, FL 33931	■ Remove
			Change
MGRM	Thomas D. Arnot	1025 Thoroughbred Lane	100 mg
		DePere, WI 34115	Remove M
			☐ Champe
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			Remove
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Effective date, if other	r than the date of fil	ling:		(opt	ional)
fan effective date is listed, Note: If the date inserte	ed in this block does no	ot meet the appl	icable statutory fili	nore than 90 days artenger requirements, th	is date will not be listed
document's effective da	ie on the Department of	of State's record	s.		
e record specifies			ot an effective	time, at 12:01	a.m. on the earlie
The 90th day afte	r the record is file	ıd.	_		
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Page 3 of 3

Filing Fee: \$25.00