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**MATTHEW L. DEVICCHIO CO., L.P.A.
A LEGAL PROFESSIONAL ASSOCIATION
3855 Starr Centre Dr., Suite 1
Canfield, Ohio 44406
(330) 533-3715
Fax (330) 533-3763
e-mail: mldevicchio@aol.com**

November 7, 2017

Florida Department of State
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**RE: Articles of Amendment To Articles of Organization of Naples Courtyard Inn,
LLC**

Gentlepersons:

Enclosed please find Articles of Amendment to Articles of Organization for Naples Courtyard Inn, as well as one (1) check #4090 in the amount of \$30.00 for the filing fees.

Please date stamp and return in the self-addressed stamped envelope the enclosed extra copy of the Articles of Amendment to Articles of Organization for Naples Courtyard Inn. Please direct all correspondence relative to the above filings to Matthew L. DeVicchio Co., L.P.A., at: 3855 Starr Centre Dr., Suite 1, Canfield, Ohio 44406.

Naturally, should you have any questions please do not hesitate to contact me.

Very truly yours,

MATTHEW L. DEVICCHIO CO., L.P.A.



Matthew L. DeVicchio, Esq.
3855 Starr Centre Dr.
Suite 1
Canfield, Ohio 44406
(330) 533-3715 Phone
(330) 533-3763 Fax
E-mail: mldevicchio@aol.com

MLD/mlc
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

Naples Courtyard Inn, LLC

SUBJECT: _____
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:

Matthew L. DeVicchio, Esq.

Name of Person

Matthew L. DeVicchio Co., L.P.A.

Firm/Company

3855 Starr Centre Dr., Suite 1

Address

Canfield, Ohio 44406

City/State and Zip Code

mldevicchio@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew L. DeVicchio 330 307-4496
_____ at (_____) _____
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

17 NOV 13 AM 7:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
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		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

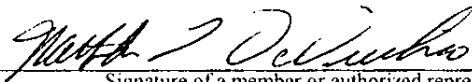
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 8, 2017



Signature of a member or authorized representative of a member

Matthew L. DeVicchio, Esq.

Typed or printed name of signee