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SECRETARY OF STATE

### **COVER LETTER**

Division of Corporations
SUBJECT: The Ladge-Orlando, 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:
Racon Dudek (Name of Person)
The Lodge - Orlando, LLC (Firm/Company)
49 North Orange Frence Snite B
Orlando FL 3280) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 963-4687  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solon Filing Fee & Solon Filing Fee & Solon Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \end{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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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	OF	TALLAHASSEE FLORIDA
	ge-Orlando, L	
( <u>Name of the Limited Liz</u> (A Flo	Mility Company as it now appears of orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	36/2007 and assigned
Florida document number <u>L 0 70000   1)</u>	<u>21</u> .	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th 'L.L.C."	e words "Limited Liability Company,"	' the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		1
New Registered Office Address:	(Enter Florida street address)	
_		
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	•

#### <u>N</u>

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

4 To 1

MGR ≈ Manager

MGRM = Managing Member **Title Type of Action** <u>Name</u> **Address** MBRA mGRM Add Remove  $\square$ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 20 Dated Signature of a member or authorized representative of a member Dndek Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00