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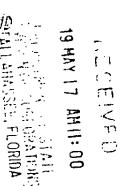
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## CORPORATE When you need ACCESS to the world ACCESS, \_\_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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### **COVER LETTER**

	Registration Sec Division of Corp					
	PLAZA LO	DGE, LLC				
SUBJEC	T:	Name of Limited Liability Company				
		Amendment and fee(s) are sub-				
r tease rei	um an correspon	Austin T. Dailey				
			Name of Person	<del></del>	2019 6102	
		Klein & Klein, LLC			7019 MAY 17	
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		Ocala, FL 34471			ယ	
			City/State and Zip Code			
		emayer@eliteresort	s.com to be used for future annual report not	ification)		
For furth	er information co	oncerning this matter, please ca		,		
Austin D		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	352 732-7750 at ()			
	Name o	f Person	Arca Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>≅ \$</b> 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAZA LODGE, LI	LC
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	F NROVE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida
City	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ROSEANNE F. MAYER	14100 North Highway 19, Suite A Salt Springs, FL 32134	Add
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ffective date, if other than the	date of filing:	date of filing or more than 90	(optional) days after filing.) Pursu	ant to 605.0207
Note: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicabl	e statutory filing requirem	ents, this date will no	ot be listed as
Ocument 3 effective date on the Di	partition of otate 3 records.			
e record specifies a delayed	effective date, but not a	n effective time, at 3	12:01 a.m. on th	e earlier of
The 90th day after the rec	ord is filed.			
May 15	2019			
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Page 3 of 3

Filing Fee: \$25.00