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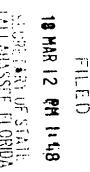
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S. WARREN MAR 1 3 2018



March 7, 2018

Attorneys at Law

Baton Rouge Birmingham Houston

Jackson Memphis Mobile

Nashville

New Orleans Washington, DC

Emilie L. Pfister (504) 585-1274 E-Fax (504) 586-7949 Emilie.pfister@arlaw.com

## <u>Via U.S. Mail</u>

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

Re: Articles of Amendment of Superior Waterfront Properties, LLC; Pat O Building, LLC; Grande Destinations, LLC

Dear Sir or Madam:

Attached are the executed Articles of Amendment to the Articles of Organization of each of Superior Waterfront Properties, LLC, Pat O Building, LLC, and Grande Destinations, LLC, which we are filing on behalf of our client. Please process these filings and find enclosed three checks for each respective \$25.00 filing fee.

If you have any questions or comments regarding the foregoing, please do not hesitate to contact my assistant, Jennifer Carroll, at (504) 585-0163.

Sincerely,

ADAMS AND REESE LLP

Emilie L. Pfister

ELP/jlc Enclosures

## **COVER LETTER**

	Registration Division of C			
erin ire		r Waterfront Properties, LL	C	
SUBJEC	T:	Name of Lim	ited Liability Company	<del></del>
		of Amendment and fee(s) are sub pondence concerning this matter		
		Mark S. Embree		
			Name of Person	<del></del>
		Adams and Reese LLI	p	
			Firm/Company	
		701 Poydras Street, St	aite 4500	
			Address	·
		New Orleans, Louisia	na 70139	
		mark.embree@arlaw.c	City/State and Zip Code	
			to be used for future annual report notific	cation)
For furth	er information	concerning this matter, please c	ail:	
Mark S	S. Embree		at ()	
	Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check fo	r the following amount:		
<b>\$25.</b>	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, F1. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Waterfront Properties, LLC			
( <u>Name of the Limited Li</u> (A F	iability Company as it lorida Limited Liability	iow appears on our records.) Company)	
The Articles of Organization for this Limited Liabili Florida document number L09000050157	ity Company were fi	led on May 21, 2009	and assigned
This amendment is submitted to amend the followin	ng:		
A. If amending name, enter the new name of the	limited liability co	mpany here:	
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
(Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	registered office ac	Idress on our records, <u>en</u>	ter the name of the ne
_	Cit	, Florida v	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the registery company has been notified in writing of this char	nd complete perfor ed agent as provide istered office addre. inge	mance of my duties, and I and	im familiar with and Or, it this document is e limited lia to the second
	If Changing Ro	gistered Agent, <u>Signature of Ne</u>	w Registered Appent

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>	Address	Type of Action		
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		Galliano, LA 70354	Remove		
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		Signature 1 a mu	mbe or authorized re	epresentative of a me	mber	AR AR	1-
	Robert J. Guidry	1	TAK	1		55 <b>7</b>	
		X	Vilano-				
		T/	ped or printed name	of signe		平 王 2	C

Filing Fee: \$25.00