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	COVER LETTER	77 1 2 -
TO: Registration Section Division of Corporations		
SUBJECT:Olym	pia/Edgewater Hotels, LLC	
	ame of Limited Liability Company	
·		
The enclosed Articles of Amendment and f	ec(s) are submitted for filing.	·
Please return all correspondence concernin	g this matter to the following:	
·····		
	Patty Linde	TAS 20
-	Name of Person	ZUID JUN 18 SECRETAR TALLAHASS
	Florida Bank Group	HE H TT
	Firm/Company	
	P. O. Box 24897	
	Address	CORID
	Tampa, FL 33623	DFT CO
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	nail address: (to be used for future annual report notific	notion (
For further information concerning this ma	ner, piense can:	
Patty Linde		233-0004
Name of Person	Area Code & Daytime	Telephone Number
The state of the s		
Enclosed is a check for the following amou		560.00 Filing Fee.
Certificate		Certificate of Status &
<u>-</u>		· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS: Registration Section	STREET/COURIE Registration Section) .
Division of Corporations P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cen Tallahassee, FL 323	

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		ARTICLE	ES OF AMENDME TO			
		ARTICLES	S OF ORGANIZAT	ION		
			OF	:		
		Olympia/E	dgewater Hotels, L			
	(1)	Name of the Limited Liabilit (A Florida	v Company as it now appear	rs on our records.)		
	-	for this Limited Liability (Company were filed on	June 4, 2009	and assigned	
orida docume	nt number	L09000054464	'	1		
:		d an ann an d altra fa llan dura		- -		
ns amendmen	it is submitted	d to amend the following:	-			
If amending	g name, <u>ente</u>	er the new name of the lim	lited liability company he	<u>re</u> :		
·			Holdings, LLC			
e new name m .L.C."	ust be disting	uishable and end with the wo	rds "Limited Liability Comp	any," the designation		
' ter new nrin	rinal offices	address, if applicable:			AHAN AHAN	
-	•	UST BE A STREET ADD	RESS)		SEX BO	
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If amondir	a the pagis	tered agent and/or regis	tared office address on .	our ragando anta	the name of the new	
ristered agen	t and/or the	new registered office add	ress here:		the haute of the her	
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<u>Name (</u>	of New Regi	stered Agent:				
New R	egistered Of	lice Address:		······································		
			. En	Enter Florida street address		
-				, Florida _		
			. City		Zin Code	
			City	, Florida _	Zip Code	

Thereby 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

	06/	18/2010	12:57	813-405-2559
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or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address		Type of Action
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D. If ame	nding any other information, enter	change(s) here: (Atta	ach additional sheets, if nec	essary.)
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Dated	- June 18.	2010	- 	

Signature of a member of authorized representative of a member Patty Linde

· · · · · · · · · · · · · · · · · · ·	
Typed or printed name of signee	
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Page 2 of 2	

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Filing Fee: \$25.00