Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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August 4, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: SPARTANBURG HOTEL & RESORT LLC.

REF: L10000077614

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Missing page 1 of the Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H10000175179 Letter Number: 110A00018712

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 AUG -4 AM 8: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPARTANBU	RG HOTEL & RE	SORT	
Name of the Limited Liability (A Florida L	Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L10000077614	ompany were filed on	07/21/2010	and assigned
This amendment is submitted to amend the following:			
A. If amouding name, enter the new name of the limi	ted liability company he	re:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET ADDR	<u></u>		
Enter new mailing address, if applicable:			
(Mgiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter i</u>	he name of the new
Name of New Registered Agent:	Þ		
New Registered Office Address:			
	Er	uer Florida street add	ress
		, 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 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, Stenature of New Resistered Agent

MGR = Manager MGRM = Managing Member

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:

Title	Name	Address	Type of Action
MGR	BIZCPAS LLP.	1300 NW 84 AVE MIAMI, FLORIDA 33126	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
,			Add Remove
D. If amending	g any other information, enter chang	ge(8) here: (Attach additional sheets, if necessary.)	
Dated	AUGUST 2 , 20	010	3 TE
		Per Hit horizon representative of a member OULIA LEMUS CPA or printed name of signee	

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