## U0000 104 786

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Busir	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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PALLANDASSEN FLORIDA

AUG 19 2013 D. BUTLER

## **COVER LETTER**

TO:	Registration S Division of Co			ži.
SUBJE		Lady Lake	Hotel LLC	ss .
	<del></del>	Name of Limit	ted Liability Company	 
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		P	unit R Shah	
		Liber	44 Group Firm/Company	
		Onetampa	Cuty Center, Si	ite 2570
		Tampa	1FZ 33602	
		Kath	City/State and Zip Code  (A) LUCT (Co.)  be used for future annual report notification	P)W
For furt	her information o	concerning this matter, please ca	•	
	Kathy	Canwels	at 813 280-0	<u> </u>
	Namelo	of Person	Area Code & Daytime Te	elephone Number
Enclose	d is a check for ti	he following amount:		
<b>X</b> S25.	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	RGANIZATION	· .		
Ol	F	20 E		
· Lady Lake Hotel	LLLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	10 or 1988		
The Articles of Organization for this Limited Liability Company Florida document number	10/21.0	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	One Tampa CU	y Center		
(Principal office address MUST BE A STREET ADDRESS)	Suite 2570	J		
	Tampa Fr 3	3602		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	One Tampa Cut Soute 2570 Tampa Fz 331	y Center		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	F. A. Flatification			
	Enter Florida street address			
	City , Florida	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, 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:

MGR = Manager MGRM = Managing Member				
Title MGR	Name Shaptosphality Partners LLC	Address One Tampa Cuty Center Surk 2570 Tampa Fr 33602	Type of Action  Add Add  Remove	
			_ Add _ Remove	
			Add Remove	
			Add Remove	
			Remove	
			Add Remove	

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
- - -	July 29 2013	_ _ _	
Dated	Signature of a member or authorized representative of a member  Puni+ C Shah	···	· <b></b>
	Typed or printed name of signee		
	Page 3 of 3  Filing Fee: \$25.00		ಪ
	Filing Fee: \$25.00		AUG 1-
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