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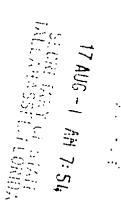
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PICK-UP	MAIT WAIT	MAIL
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rtified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER-LETTER

O: Registration Sec Division of Corp			
Lady Lake I	Hotel LLC		
Object.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nina Osbahr		
		Name of Person	
	Liberty Group		
		Firm/Company	
	800 S Harbour Island Blvd	I	
		Address	
	Tampa, Fl. 33602		
		City/State and Zip Code	
	nosbahr@libertygrouphotel		1
	E-mail address: (to be used for future annua	report notification)
For further information co	oncerning this matter, please ca	ail:	
Nina Osbahr		813 28 at ()	80-2000
Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
MAILI	ING ADDRESS:	STREE	T/COURIER ADDRESS:
	ation Section		tion Section
	n of Corporations ox 6327		n of Corporations Building
	ssee. FL 32314	2661 Ex	recutive Center Circle

!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lady Lake Hotel LLC					
(Name of the Limi	ited Liability Company (A Florida Limited Lia	<u>as it now appears or</u> bility Company)	i our records.)		
he Articles of Organization for this Limited L lorida document number L10000106786		ere filed on Octob	er 13, 2010	and assig	med
his amendment is submitted to amend the fol	lowing:	ļ			
. If amending name, enter the new name o	o <u>f the limited liabili</u>	ty company here:			
he new name must be distinguishable and contain the	words "Limited Liability	Company, the design	nation "LLC" or the	abbreviation "L.L.	
nter new principal offices address, if appli	cable:	800 S Harbour Isla	nd Blvd. Tampa, F	L 33602	
Principal office address MUST BE A STREE	ET ADDRESS)				
Mailing address MAY BE A POST OFFICE I. If amending the registered agent and egistered agent and/or the new registered of	I/or registered offi	ce address on or	ur records, <u>ent</u> a	er the name o	f the n
Name of New Registered Agent:				7 AUG	
New Registered Office Address:	800 S Harbour Is	land Blvd		65.25 <u>1</u>	
<u> </u>	Tampa	Enter Florida	street address , Florida	33602	
		City	1101104	: Zip Gode	
ew Registered Agent's Signature, if changing	Registered Agent:	,		-"	
hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete p sistered agent as pr registered office a	erformance of my ovided for in Cha	oduties, and Lan upter 605, F.S. C	n familiar with Dr, if this docum	and nent is

If Changing Registered Agent, Signature of New Registered Agent

GR = N	from our records: Manager Authorized Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
GR	Shah Hospitality Partners LLC	One Tampa City Center, Suite 257(Add
		Tampa, FL 33602	■ Remove
		<u> </u>	□ Change
GR	Shah Hospitality Partners LLC	800 South Harbour Island Blvd	
		Tampa. FL 33602	Remove
			Change
		1	Add
			□ Remove
		·	Change
			Remove
			☐ Change
			
			☐ Remove
			Change
		, -	🗖 Add
			Remove
		<u>.</u> I	Change

ımending aı	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	07/27/17
ective date,	if other than the date of filing: (optional) (optional) (slisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the dat	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ctive date on the Department of State's records.
tunent 5 erre	the date of the Department of State 3 records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th da	ay after the record is filed.
ted J	21 2017 . ZO17
	signature of a member or authorized representative of a member
<i>.</i>	
Puni	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00