1/27/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

: (954)208-0845

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

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE JPMCC 2006-LDP9 SARASOTA LODGING, LLC

| Certificate of Status | 0       |
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| Certified Copy        | I       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

FEB 03 2017

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## **COVER LETTER**

| Division of Cur             | porations                                 |  |  |
|-----------------------------|---|--|--|
| JPMCC 200<br>SUBJECT:       | 6-LDP9 Surasota Lodging, LI               |  |  |
| SOMEON.                     | Name of Lim                               | ited Liability Company   | 1.00   |
| The enclosed Articles of    | Amendment and fee(s) are sub              | mitted for filing.   | NOOPAANINEN MINISTERIN KANTONIN PIERIN TAAN IN SEE ENIMEEN ON NOORAN SANTANIA AND AND MINISTERIN SANTANIA AND AND AND AND AND AND AND AND AND AN |
| Please return all correspon | ndence concerning this matter             | to the following:  |  |
|                             | •   |  |  |
|                             |   | Name of Person   |  |
|                             |   | l'irm/Company  |  |
|                             | •   |  | <b>1</b> 28  |
|                             |   | Address  | FEB  |
|                             |   | City/State and Zip Code  |  |
|                             |   |  | carion) 9 C  |
|                             |   | to be used for future annual report notifi-                        | carion) o  |
| For further information co  | meerning this matter, please c            | all:   | 25   |
| Name of                     | l'erson                                   | at ()  | Telephone Number   |
|                             |   |  |  |
| Enclosed is a check for th  | e following amount                        |  |  |
| □ \$25.00 Filing Fee        | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (add:nonal copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy   |

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 OF

| (Name of the Limit   | ed Liability Compa<br>(A Florida Limited I | ny as it now appears on (<br>liability Company) | our records.)                |                   |
|--|--|---|------------------------------|-------------------|
| The Articles of Organization for this Limited L Florida document number L11000014063 | iability Company                           | were filed on 02/02/2                           | 2011                         | and assigned      |
| This amendment is submitted to amend the foll  | owing:                                     |   |                              |                   |
| A. If amending name, enter the new name o  | f the limited liab                         | ility company here:                             |                              |                   |
| The new name must be distinguishable and contain the v                               | vords "Limited Liabs                       | lity Company," the design                       | ation "LLC" or the abbre     | viation "L.L.C."  |
| Enter new principal offices address, if applic                                       | cable:                                     | 1601 Washington A                               | ve.,7th Floor                |                   |
| (Principal office address MUST BE A STREET ADDRESS)                                  |  | Miami Beach, FL 33                              | 139                          |                   |
| Enter new mailing address, if applicable:  |  | 1601 Washington A                               | ve.,7th Floor                | IALL.             |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | Miami Beach, FL 33                              | 3139                         |                   |
|  |  |   |                              | - k               |
| B. If amending the registered agent and  | l/or registered o                          | office address on ou                            | r records, enter th          | e name of the new |
| and atomail against and four that many received a                                    | ffice address her                          | <u>re</u> :                                     |                              | <b></b>           |
| registered agent and/or the new registered of  |  |   |                              |                   |
| Name of New Registered Agent:  | C T Corporation                            | on System                                       |                              | 25                |
| Name of New Registered Agent:  | C T Corporation                            | on System<br>ne Island Road                     |                              | 25                |
|  | C T Corporation                            |   | street address               | 25                |
| Name of New Registered Agent:  | C T Corporation                            | ne Island Road                                  | street address, Florida 3332 | <u></u>           |

## 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 605, 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.

> Michael E. Jones, Asst. Secretary If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 3

If amending Anthorized 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> | Name | Address  | Type of Action |
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| fective date is fisted, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listent's effective date on the Department of State's records.  Cord Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early | sted as   | the  |
| 90th day after the record is filed.   |   |  |
| 1/26/2017   |   |  |
|   |   |  |
| Signature of a number or authorized representative of a member  |   |  |
|   |   |  |
|   | live date, if other than the date of filing:  [(optional)]  Receive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filling.) Pursuage to 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records.  Coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlest 90th day after the record is filed. | TFER  2  2  2  2  2  3  2  3  4  4  4  4  4  5  5  6  6  6  6  6  6  6  6  6  6  6 |

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