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SECRETARY OF STATE,
TALLAHASSEE, FLORIO

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COVER LETTER

TO:	Registration Se Division of Cor	ection porations	;	·
OI VID	T. CM	PERFORMANCE	HOSPITALITY MANAG	EMENT, LLC
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		I	MINA DOBLMEIER	
			Name of Person	
		PERFORMAN	ICE HOSPITALITY MAN	AGEMENT, LLC
			Firm/Company	
		182	5 MAIN STREET, STE 2	35
			Address	
		WE	ESTON, FL 33326	
			City/State and Zip Code	
			nad@insiteus.com	
		E-mail address: (to be used for future annual report i	notification)
For fu	rther information c	oncerning this matter, please c	ali:	
	MINA E	OOBLMEIER	954 at (358-6800
	Name o	f Person		time Telephone Number
Enclo	sed is a check for th	he following amount:		
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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 OF

PERFORMANCE HOSPITALIT	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file	d on 04/07/2011 and assigned
Florida document numberL11000041790	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	SSE SSE
	E. P. 11
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	50 RIDA
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TOTAL INVESTMENTS, LLC	1825 MAIN STREET, STE 235	Add
		WESTON, FL 33326	■ Remove
MGR	LIFESTYLE HOSPITALITY VENTURES, LLC	1825 MAIN STREET, STE 235	■ Add
		WESTON, FL 33326	Remove
			ALLAHASSE
		76777778	EFFLORIDA
			Remove
			□ Remove
		<u> </u>	
			Add
			Remove

<u>, </u>	1	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	
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fective (e effective e date this	late, if other than the date date must be specific, cannot be p document is filed by the Florida I	of filing: prior to date of receipt of Department of State)	(op r filed date and cannot be more than 90 day	otional) ys after
e date this	document is filed by the Florida I	Department of State)	op r filed date and cannot be more than 90 day	otional) ys after
e date this	late, if other than the date date must be specific, cannot be a document is filed by the Florida I NOVEMBER 25	Department of State) 2014	,	otional) ys after
e date this	document is filed by the Florida I	Department of State) 2014	(op refiled date and cannot be more than 90 day	otional) ys after

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Filing Fee: \$25.00

SECRETARY OF STATE TALEAHASSEE, FLORING