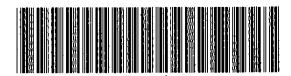
## L11000048083

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\$. (R	Requestor's Name)	
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PICK-UP	. WAIT .	MAIL
	Business Entity Name)	<del>-:</del>
(□	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

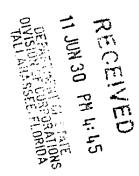
Office Use Only

B. KOHR
JUL -1 2011
EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

CORPÜTRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

**CONTACT:** KATIE WONSCH DATE: 06/30/2011 **REF. #:** 000598.150668 CORP. NAME: TANGLEWOOD HOSPITALITY GROUP, LLC ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( XX ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) ANNUAL REPORT ( ) FICTITIOUS NAME ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) FOREIGN QUALIFICATION ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) MERGER ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 540478 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_\_ PLEASE RETURN:

( ) CERTIFICATE OF GOOD STANDING

( XX ) PLAIN STAMPED COPY

Examiner's Initials

( ) CERTIFIED COPY

( ) CERTIFICATE OF STATUS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tanglewood Hospitality Group, LLC



(Name of the Limited Lia (A Flo	ability Company as it now apper orida Limited Liability Company)	rs on our records.)	gdaggggarr dan diridikan da dira
The Articles of Organization for this Limited Liabi	• •	April 21, 2011	and assigned
Florida document number L1100004808			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with th	e words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or i	registered office address on address here:	our r <del>e</del> cords, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
<u>-</u>	Cit.	, Florida	Zip Code
	City		<i>ыр ∟оае</i>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/1 MMGRI	Josh Dubin	17701 Biscayne Boulevard Suite 201 Aventura, Florida 33160	Add Remove
MGR	Tanglewood Hospitality Ma	17701 Biscayne Boulevard Suite 201 Aventura, Florida 33160	Add Remove
	······································		Add Remove
<del></del>	<del></del>		Add Remove
<del></del>			□Add □Remove
: 		**************************************	Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
<u></u>			<del></del>
			<del>-</del>
Dated	6/30 20		
_		r authorized representative of a member Josh Dubin	
, –	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00