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	Florida Department of State Division of Corporations Electronic Filing Cover Sheet				
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	To: Division of Corporations Fax Number : (850)617-6383				
	From: Account Name : SALVATORI LAW OFFICE, PLLC Account Number : 120170000055 Phone : (239)308-9191 Fax Number : (239)552-4185				
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: 1550 SALVATOR. LEGAL				
2	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN- IPB HOTEL, LLC				
2018 AUG 151 CT 2018 AUG	IPB HOTEL, LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00				

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(((H18000238947 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IPB HOTEL, LLC

(Name of the Linuted Limbility Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 17, 2011 ______ and assigned Florida document number L11000071053

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

 (Principal office address MUST BE A STREET ADDRESS)

 Enter new mailing address, if applicable:

 (Mailing address MAY BE A POST OFFICE BOX)

 B. If amending the registered agent and/or registered office address on our records, enter theiname of the new registered office address here:

 Name of New Registered Agent:

 New Registered Office Address:

 Enter Florida precioddress

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

Ziv Code

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If amending Authorized 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>	<u>Name</u>	Address	Type of Action
MGR	York Hospitality, LLC	5150 Tamiami Trail N	
			Add
		Suite 300	_
			Remove
		Naples, FL 34103	
			Change
MGR	TCL Realty, Inc.	5150 Tamiami Trail N	
<u></u>	<u></u>	Suite 300	🖬 Add
			T Dever
		Naples, FL 34103	C Remove
			Change
			🖂 Add
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nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

August 15 Ied	2018
	Signeture of a member
Leo J. Salvatori	
	lyped or printed name of signee

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Filing Fee: \$25.00

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