## 411000072016

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Cosmoss Zawy name)                     |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



400300838734

17 JUN 29 PM 3: 25

S. WARREN JUN 3 0 2017

## **COVER LETTER**

|                 |               | stration Sec<br>sion of Corp |  |  |  |  |
|-----------------|---------------|------------------------------|--|--|--|--|
| eun me          |               | Sette McCar                  | thy Hotel, LLC                               |  |  |  |
| SUBJEC          | J1; ,         |                              | Name of Lin                                  | nited Liability Company  |  |  |
|                 |               |                              | imendment and fee(s) are sub                 | -  |  |  |
|                 |               |                              | Harvey A. Ford                               |  |  |  |
| Name of         |               |                              |  | Name of Person   | <u> </u>   |  |
|                 |               |                              | Ford & Ford, P.A.                            |  |  |  |
|                 |               |                              | <del></del>                                  | Firm/Company   |  |  |
|                 |               |                              | 147 Second Avenue South, Suite 302           |  |  |  |
|                 |               |                              |  | Address  | <del>-</del>   |  |
|                 |               |                              | St. Petersburg, FL 33701                     |  |  |  |
|                 |               |                              | dschooley@tjmproperties.u                    | City/State and Zip Code<br>S                                     |  |  |
|                 |               |                              |  | to be used for future annual report                              | notification)  |  |
| For furthe      | er inf        | ormation cor                 | occrning this matter, please co              | aff:   |  |  |
| Harvey A        | A. Fo         |                              |  | 727 894-290'<br>at ()<br>Area Code Day                           |  |  |
|                 |               | Name of I                    | Person                                       | Area Code Day  | dime Telephone Number  |  |
| Enclosed        | is <b>a</b> c | heck for the                 | following amount:                            |  |  |  |
| <b>■</b> \$25.0 | Ю Fil         | ing Fcc                      | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 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

| Sette McCarthy Hotel, LLC   |   |  |  |   |
|---|---|--|--|---|
| (Name of the Lin  | nited Liability Com<br>(A Fiorida Limite  | pany as it now appears<br>d Liability Company)                         | on our records.)   | <del></del>   |
| The Articles of Organization for this Limited Florida document number L11000072016  | Liability Compar  | by were filed on $\frac{6/2}{2}$                                       | /2011  | and assigned  |
| This amendment is submitted to amend the fo   | llowing:  |  |  |   |
| A. If amending name, enter the new name   | of the limited lig  | bility company her   | <u>c</u> :   |   |
| TJM Fort Myers, LLC   |   |  |  |   |
| The new name must be distinguishable and contain the  | words "Limited Lia  | bility Company," the de  | signation "LLC" or the   | abbreviation "L.L.C."                                 |
| Enter new principal offices address, if appli   | icable:   | N/A  |  |   |
| (Principal office address MUST BE A STRE  | ET ADDRESS)   |  |  |   |
|   |   |  |  |   |
| Vertex more mailing address if and in-th-   |   | N/A  |  |   |
| Enter new mailing address, if applicable:   | C D OSO   |  | <del></del>  |   |
| (Mailing address MAY BE A POST OFFICE   | <u>s BOX)</u>   |  |  |   |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:   | office address he   | office address on the  | our records, <u>enter</u>  | the name of the no                                    |
| New Registered Office Address:  |   |  |  |   |
|   |   | Enter Florid   | a street address   | ···   |
|   |   |  | , Florida  | Zip Code  |
|   |   | Ciry   |  | Zip Code  |
| Note Descriptored Assemble Clausetines (fig.)   | Desired to the  |  |  |   |
|   | ·   | _  |  |   |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | ed agent and ago<br>per and complete<br>istered agent as<br>registered office<br>i change | -<br>ree to act in this ca<br>e performance of m<br>provided for in Ch | y duties, and I am<br>apter 605, F.S. Or,<br>confirm that the li | familiar with and if this document is nited liability |

Page 1 of 3

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 |         |                |
|--------|-------------------|---------|----------------|
| Title  | <u>Name</u>       | Address | Type of Action |
| ·      |                   |         | Do Add         |
|        |                   |         | □              |
|        |                   |         | Change         |
|        |                   |         | □ Add          |
|        |                   |         | □ Remove       |
|        |                   |         | □ Change       |
|        | ····              |         | Add            |
|        |                   |         | П Remove       |
|        |                   |         | Change         |
|        |                   |         |                |
|        |                   |         | C Remove       |
|        |                   |         | Change         |
|        |                   |         |                |
|        |                   |         | ☐ Remove       |
|        |                   |         | 17 WW 29 PM    |
|        |                   |         | TO AND PAR D   |
|        |                   |         | PH Concerns 25 |

| N/A  |                                       |                                       |   |   |
|--|---------------------------------------|---------------------------------------|---|---|
| ***************************************  |                                       |                                       |   |   |
|  |                                       |                                       |   |   |
|  |                                       |                                       |   |   |
|  |                                       |                                       |   |   |
| · · · · · · · · · · · · · · · · · · ·  |                                       |                                       |   | <del></del>                                     |
|  |                                       |                                       |   |   |
| <u> </u>   |                                       |                                       |   |   |
| <del></del>  |                                       |                                       | ····  |   |
|  |                                       |                                       |   |   |
|  | <del></del>                           |                                       |   |   |
|  |                                       |                                       | · · · · · · · · · · · · · · · · · · ·                                   | <del>-</del>                                    |
|  |                                       |                                       |   |   |
|  |                                       |                                       |   |   |
| ·  |                                       |                                       |   | <del></del>                                     |
|  |                                       |                                       |   |   |
|  | · · · · · · · · · · · · · · · · · · · |                                       |   |   |
|  | ··                                    | · · · · · · · · · · · · · · · · · · · | · · - · - · - · - · - · - · · - · |   |
|  |                                       |                                       |   |   |
| <u></u>  | · <del>-</del> ·                      |                                       |   |   |
|  | ······                                |                                       |   |   |
|  |                                       |                                       |   |   |
|  |                                       |                                       |   | <del>-</del>                                    |
|  |                                       |                                       |   |   |
|  |                                       |                                       |   |   |
| ve date, if other than the date of   | f filing: N/A                         | _                                     | (optional   | В   |
| ective date is listed, the date must be speci                                    | ific and cannot be prior to de        | ite of filing or more tha             | n 90 days after filin   | a 1 Pursuant to 60                              |
| If the date inserted in this block does<br>ent's effective date on the Departmen | nt of State's records.                | statutory filing requ                 | irements, this dat  | e will not be lis                               |
|  |                                       |                                       |   |   |
| ord specifies a delayed effect   | dve date, but not ar                  | effective time                        | at 12:01 a.m.   | on the ead                                      |
| 90th day after the record is f   | îled.                                 | . arrective lime,                     | dt 12.01 6.111  | , on the can                                    |
|  |                                       |                                       |   |   |
| エルツ ノガサ  | 2017                                  |                                       |   | <u>; = : : : : : : : : : : : : : : : : : : </u> |
| <u> </u>   |                                       |                                       |   | — <u>(</u>                                      |
| June 28th  |                                       |                                       |   |   |
| June 2011  | l L                                   |                                       |   |   |
| 700110.20  | e of a member or authorized           | representative of a m                 | ember   | - <u>(1911)</u><br>- <u>- End</u>               |
| 700110.20  |                                       | representative of a m                 | ember   |   |

Page 3 of 3

Filing Fee: \$25.00