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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

	Registration Se Division of Cor			
OTID TRA		INN PROPERTIES, LLC		
SUBJECT	1:	Name of Limit	ted Liability Company	, - , - ,
The enclo	sed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspo	ondence concerning this matter t	o the following:	
		Trevor Burgess		
			Name of Person	
		C1 Bank		
			Firm/Company	,
		100 5th Street South		
			Address	
		Saint Petersburg, FL 3370	1	
			City/State and Zip Code	
		trevor.burgess@clbank.con E-mail address: (1	n to be used for future annual report not	ification
For further	er information of	concerning this matter, please ca	<u>-</u>	·
Trevor B	urgess		727 892-3094 at ()	
	Name o	of Person		ne Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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)
e ú	Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELTONA INN PROPERTIES, LLC			
(Name of the Limited Liability (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C Florida document number £11000135399	Company were filed on November :	30, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	= = = = = = = = = = = = = = = = = = = =	- Aller
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	•	美質	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			. 3
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B. If amending the registered agent and/or registered agent and/or the new registered office add			
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida stree	t 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 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	Trevor Burgess	100 5th Street South	Add
		Saint Petersburg, FL 33701	■ Remove
			Change
MGR	Clark Higgs	100 5th Street South	Add
		Saint Petersburg, FL 33701	■ Remove
			Change
MGR	C1 Bank	100 5th Street South	Add
		Saint Petersburg, FL 33701	□ Remove
			Change
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fan effectiv <u>Vote:</u> If tl	date, if other than the date of date is listed, the date must be she date inserted in this block of seffective date on the Depart	specific and cannot be prior to dat does not meet the applicable street of State's records.	e of filing or more than 90 statutory filing requirer	nents, this date will no	ot be listed as
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Filing Fee: \$25.00