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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MJ HOTELS OF DEWEY BEACH, LLC

| Certificate of Status | 0       |
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| Certified Copy        | l l     |
| Page Count            | 01      |
| Estimated Charge      | \$55.00 |

APR 13 2021

M. SOLOMON

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Help

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| MJ Hotels of Dewey Beach, LLC  (Name of the Limited Liability Companion (A Florida Limited Li  | as it now appears on our records.) ability Company)  |
|--|--|
| he Articles of Organization for this Limited Liability Company v   | were filed on 05/04/2012 and assigned  |
| lorida document number £12000060499  |  |
| his amendment is submitted to amend the following:   |  |
| . If amending name, enter the new name of the limited liabi  | lity company here:   |
| AJ Menhaden Hotel Manager, LLC   | The state of the s |
| MJ Menhaden Hotel Manager, LLC  The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "LLC" or the aboreviation L.L.C.  |
| inter new principal offices address, if applicable:  |  |
| Principal office address MUST BE A STREET ADDRESS)   |  |
|  |  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| Malling uddress MAY BE A POST OFFICE BOX   |  |
| Milling address 1974 22.1.5.   | 7()  |
|  | 200  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | address on our records, enter the name of the new registered   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| New Hospital   | Enter Florida street address   |
|  | Florida Zip Code   |
|  | Cay  |
| New Registered Agent's Signature, if changing Registered Agent:  | (  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office | provided for in Chapter 605, F.S. Or, if this document is  |

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:

→ 18506176383

|        | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

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| Title | Name | Address | Type of Action |              |
|-------|------|---------|----------------|--------------|
|       |      |         | □Add           |              |
|       |      |         | □Remove        |              |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |                          |
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| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | 0207 (3)(b)<br>ed as the |
| 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 record is filed.  | the                      |
| Dated April 6  |                          |
| Signature of a member or authorized representative of a member  William A. Meyer, Manager  |                          |
| Typed or printed name of signee  |                          |

Filing Fee: \$25.00