

L14000053130

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-0158

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

Email Address: SCS@swbcl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CORE HOTELS & RESORTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

**RECEIVED**

**14 APR 25 AM 11:06**

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TALLAHASSEE, FLORIDA

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**2014 APR 25 AM 8:12**

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**APR 28 2013**

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Core Hotels & Resorts, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leo J. Salvatori

Name of Person

Salvatori, Wood, Buckel Carmichael & Lottes

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

scs@swbcl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo J. Salvatori

Name of Person

at 239 552-4100

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)**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

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

Core Hotels & Resorts, LLC

(Name of the Limited Liability 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 April 1, 2014

Florida document number L14000053130

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 TALLAHASSEE, FLORIDA

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6231 Estero Boulevard

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Myers Beach, FL 33931

Enter new mailing address, if applicable:

6231 Estero Boulevard

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Myers Beach, FL 33931

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/P	David A. Lawrence	6231 Estero Boulevard	<input checked="" type="checkbox"/> Add
		Fort Myers Beach, FL 33931	<input type="checkbox"/> Remove
MGR/VP/T	T. Chadwick Lund	5150 Tamiami Trail North	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Naples, FL 34108	
MGR/VP/B	James D. Vogel	4099 Tamiami Trail North	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Naples, FL 34103	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)****FEI/EIN Number: 46-5330064**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)Dated **April 25**, **2014**\_\_\_\_\_  
Signature of a member or authorized representative of a member**Leo J. Salvatori, Esq., Authorized Representative**\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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**2014 APR 23 AM 8:12**  
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