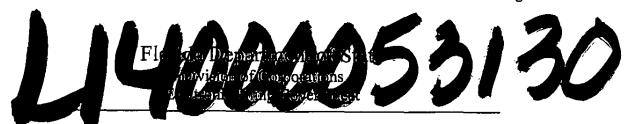
Division of Colhoranous



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(((H14000117091 3)))



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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 pleaser

Email Address: SCS@SWbcl. Com

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

Certificate of Status	0
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MAY 19 2014 J. BRUCE (((H14000117091 3)))

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

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

(((H14000117091 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Hotels & Resorts, LLC (Name of the Limited Limitity Comparing (A Florida Limited L	y as it now appears on our records.) fability Company)	·		
The Articles of Organization for this Limited Liability Company Florida document number 14000053130	were filed on April 1, 2014	and a	ssigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the al	breviation	"L.L.C.	11
Enter new principal offices address, if applicable:	6231 Estero Boulevard			
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers Beach, FL 33931			
	6231 Estero Boulevard		2014	COLUMN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Fort Myers Beach, FL 33931	王,弘	XX	Î
(Maung address MAT BE A FOST OFFICE BOX)		35.55 A.81	16	-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the nam	PH를 : 28	he new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Cod	fe:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am f	lamiliar v	vith an	td'

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

Page 1 of 3

MGR = Manager

(((H14000117091 3)))
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:

AMBR = Authorized Member Title <u>Name</u> Address Type of Action **VP** John J. Graham 3060 Peachtree Road, Ste. 1525 Atlanta, GA 30305 □ Remove □ Add □ Add _□ Remove _□ Add _□ Remove

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01:44:03 p.m. 05-16-2014

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((H1400011709)) If amending any other information, enter change(s) here: (Atta	(1 3))) ch additional sheets, if necessary.)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated May 16 , 2014	
	•
Signature of a member or authorized tep	resentative of a member
Leo J. Salvatori, Esq., Authorized	Representative
Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00

