L14000105644

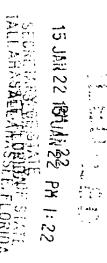
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J. SHAVORS FEB 0 3 2975

COVER LETTER

TO:	Registration Se Division of Cor			
elin in	WC HOS	SPITALITY, LLC		
SUBJE	.cr:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspon	ndence concerning this matter	to the following:	
		Samir Naran		
			Name of Person	
		WC Hospitality, LLC	;	
			Firm/Company	
		930 N. Atlantic Aver	nue	
			Address	
		Daytona Beach, FL	32118	
		_	City/State and Zip Code	
		snaran@prmhotels.c		
			to be used for future annual report notification	ation)
For furt	her information co	oncerning this matter, please ca	all:	
Sami	r Naran		386 677-8882	
<u> </u>	Name of	Person	at () Area Code Daytime T	elephone Number
Enclose	d is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WC HOSPITALITY, 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 07/02/2014 and assigned Florida document number L14000105644 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 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>	Address	Type of Action
MGR	JINESH PATEL	3780 NW 26th St	= Add
		Gainesville, FL 32605	Remove
MGR	ISHWAR NARAN	930 N. ATLANTIC AVE	
		DAYTONA BEACH, FL 32118	Remove
MGR ———	SAMIR NARAN	930 N. ATLANTIC AVE	
		DAYTONA BEACH, FL 32118	Remove
			
			RED JAN 22 PA
		· · · · · · · · · · · · · · · · · · ·	Remove
			DAdd
			Remove

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 and cannot be more the date this document is filed by the Florida Department of State)	(optional) nan 90 days after
Dated January 21, 2105,	0 Aug et
/ Signature of a mentiber of authorized representative of a men	nber /
Alton L. Lightsey Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

JAN 22 PM 1:22