

L14000119053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

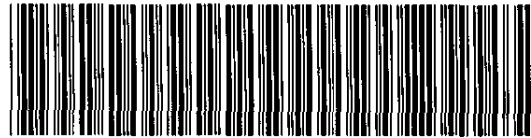
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100274421921

07/20/15--01002--010 \*\*25.00

FILED

2015 JUL 20 AM 8:44

CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

15 JUL 20 AM 10:56

CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015

Y SULKER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

7/20

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

Amund

1. Sarasota Kimpton Hotel, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Sarasota Kimpton Hotel, 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 L14000119053 and assigned  
Florida document number 07/29/2014.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**Summerplace at Kissimmee, LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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*

*City*

*Florida*

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FDC Capital Partners, LLC	2637 E. Atlantic Blvd, Unit 32603	<input type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FDC Partners Management, Inc.	2637 E. Atlantic Blvd, Unit 32603	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FDC Kimpton PE, LLC	2637 E. Atlantic Blvd, Unit 32603	<input type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHD PARTNERS, LLC	2637 E. Atlantic Blvd, Unit 32603	<input type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 JUL 20 AM 8:44  
 RECEIVED  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2015 JUL 20  
15  
14  
13  
12  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1  
0

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 the record is filed.

Dated July 16, 2015

Signature of a member or authorized representative of a member

**Neil Richardson President of FDC Partners Management, Inc.**

Typed or printed name of signee