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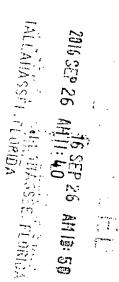
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COVER LETTER

Division of Cor	porations		
SUBJECT: Grand Reso	ort II-Ft. Myers Beach, LLC		
	Name of Lim	nited Liability Company	
÷			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Bradley J. Schmidt		
!		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Johnson, Moody, Schmidt	& Kleinhuizen, P.A.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	P.O. Box 913		
		Address	
•	Willmar, MN 56201		
		City/State and Zip Code	
	kathy@tpihospitality.com		
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	
Bradley J. Schmidt		320 235-2000 at ()	
. Name o	f Person	Area Code Daytime	Celephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

	City	Florida Zip Code
New Registered Office Address:	Enter Florida street add	lress .
rante of frew Registered Agent.		
Name of New Registered Agent:		
registered agent and/or the new registered office audies	35 Det e.	5 6
B. If amending the registered agent and/or register registered agent and/or the new registered office address		212
		6
(Mailing address MAY BE A POST OFFICE BOX)		75. TO 1
Enter new mailing address, if applicable:		160
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the appreviation "L.L.C.
TPI-FMB II, LLC		I C" at a the state of I C"
A. If amending name, enter the new name of the limite	ed liability company here:	
This amendment is submitted to amend the following:		
Florida document number L15000080626		
The Articles of Organization for this Limited Liability Con	mpany were filed on May 6, 2015	and assigned
	Company as it now appears on our reco imited Liability Company)	ords.)
Grand Resort II-Ft. Myers Beach, LLC		

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00