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TO: Registration Se Division of Cor			
LWR HOS	SPITALITY LLC		
SUBJECT:	Name of Limited Liability Company		
	f Amendment and fee(s) are submitted for filing.		
	ANN KELLY		
	Name of Person		
	LWR HOSPITALITY LLC		
	Firm/Company		
•	5225 EAST PICKARD ROAD		
	Address		
	MT. PLEASANT, MI 48858		
	City/State and Zip Code akelly@lodgco.net		
	E-mail address: (to be used for future annual report notification)		
For further information of	concerning this matter, please call:	2016	
ANN KELLY	989 773-2400 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		П
Name o	of Person Area Code Daytime Telephone Number	23	
Enclosed is a check for th	- (*)	\frac{1}{2}	U
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus æ	

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

LWR 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 05/15/2015 and assigned 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 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 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>	Address	Type of Action
MGR	PMG Investment Holdings LLC	655 MEADOWBROOK	
		MT. PLEASANT, MI 48858	■ Remove
•			☐ Change
MGR	KDM Holdings LLC	205 N. FRANKLIN	Add
		MT. PLEASANT, MI 48858	■ Remove
			☐ Change
MGR	William L. Martin, Trustee	205 N. FRANKLIN	
		MT. PLEASANT, MI 48858	■ Remove
			≥ Change
MGR	TRI-MAR Investments LLC	205 N. FRANKLIN	Add HAdd
		MT. PLEASANT, MI 48858	Remove.
			BChange
MGR	AR Hospitality Group III LLC	783 S. ORANGE AVE - STE 210	Add
		SARASOTA, FL 34236	■ Remove
			Change
MGR	ANN KELLY	5225 EAST PICKARD ROAD	Add
		MT. PLEASANT, MI 48858	□ Remove
			☐ Change

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>	Address	Type of Action
MGR	MICHAEL MARTIN	5225 EAST PICKARD ROAD	■ Add
		MT. PLEASANT, MI 48858	□ Remove
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