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| COVER LETTER |
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| TO: Registration Section Division of Corporations |
| SUBJECT: Orlando Hospitality Partnership 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: |
| Jamie Feldman |
| Name of Person |
| Firm/Company |
| 2540 Euston Rd |
| Address |
| Winter Park FL 32789 City/State and Zip Code |
| City/State and Zip Code Wister teld wan a mail com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Tame Feldman at (407) 492 - 5099 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee |

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 ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on $\frac{8}{5}$ Florida document number <u>L15</u>000133994 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 **Type of Action Title** Name **Address** 2540 EUSton Rd DAdd

Winter Park FL 32789 Remove Elizabeth Matherjee AMBR □ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

| | Please add Elizabeth Mukherjee to |
|-------------------------------|---|
| _ | the LLC as an AMBR. |
| _ | thank You- |
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| (If an effe <u>Note:</u> 1 | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated _ | 8/26/15 |
| | Signature of a member or authorized representative of a member |
| | Jamie Feldman Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00