115000/144688

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2019 DEC -6 AH 10: 30

C. GOLDEN

COVER LETTER

Registration Section
Division of Corporations

TO:

cun iper.	TD Lake Buena	Vista Hotel, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
		Lou Cataland		
		Name of Person		
		Auro Hotels Management, LLC		
		Firm/Company		
		60 Pointe Circle		
		Address		
		Greenville, SC 29615		
		City/State and Zip Code		
		LCataland@aurohotels.com		
	E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please c	all:		
Lou Catalan	d	864 248-1532 at ()		
Name o	f Person	Area Code Daytime Telephone 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 & ' \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		Street Address: Registration Section		
Division of C	•	Division of Corporations		
P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Sweet, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TD LAK	E BUENA VISTA HOTEL, LLC	2019 DFC -6 AY 10: 30
(Name of the Limited Liab (A Flor	ility Company as it now appears on our recording Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number L15000144688		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
 -	, Fit	orida 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> MGR	Name Ac Lake Buena Vista Hotel Manager, LLC	ddress 60 Pointe Circle Greenville, SC 29615	Type of Action □ Add
		<u></u>	X Remove
MCD	Lake Buena Vista Hotel Manager II, LLC	60 Pointe Circle	□Change
MGR		Greenville, SC 29615	X Add
			□Remove
	_		□ Change
	<u> </u>		
			Remove
	_		
			□Add
	_		□Remove
			□Change
			[] Add
	_		□Remove
	_		□Change
		·	
			□ Change

					
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fan effective date <u>Vote:</u> If the dat	if other than the date of fi is listed, the date must be specific e inserted in this block does n ctive date on the Department	c and cannot be prior to not meet the applicat	date of filing or more than		
record specified is filed.	s a delayed effective date, but	not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th o	lay after the
ated	December 5,		<u>.</u> ·		
			zed representative of a me	mber	.
	1				

Filing Fee: \$25.00