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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ort VII-Ft. Myers Beach, LLC		
SUBJEC	1; <u></u>	Name of Lim	ited Liability Company	
f				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Bradley J. Schmidt		
ŧ			Name of Person	· · · · · · · · · · · · · · · · · · ·
•		Johnson, Moody, Schmidt	& Kleinhuizen, P.A.	<u></u>
			Firm/Company	5
		P.O. Box 913		16 SEP 26
		·	Address	26
		Willmar, MN 56201		PH 3: 34
*			City/State and Zip Code	 မှ
		kathy@tpihospitality.com E-mail address: (to be used for future annual report notifi	
For furthe	er information co	oncerning this matter, please ca		,
Bradley J	. Schmidt		320 235-2000 at ()	
1	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions uter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Resort VII-Ft. Myers Beach, LLC		
(A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L15000213613	ty Company were filed on December 28, 2015	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
TPI-FMB III, LLC		٠.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	ibbreviation \$1, L.C.
Enter new principal offices address, if applicable		<u> </u>
(Principal office address MUST BE A STREET AI	DDRESS)	20 TR
	****	<u> </u>
		ب پ <u>چ</u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r registered agent and/or the new registered office		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
_	, Florida	
_	City	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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	<u> </u>
Note:	tive date, if other than the date of filing:
ie re	cord 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.
ne re	90th day after the record is filed.
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Filing Fee: \$25.00