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COVER LETTER

TO:	Registration S Division of Co			·
SUBJE	R&R Hote	els, LLC		
SUBJE	CI:	Name of Lir	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	r to the following:	
		John L. Whiteman, Esqui	re	
			Name of Person	
		St. Johns Law Group		
			Firm/Company	
•		104 Sea Grove Main Stree	et	
			Address	
		St. Augustine, FL 32080		
		··	City/State and Zip Code	
		jwhiteman@sjlawgroup.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please c	all:	
John L.	Whiteman		904 495-0400 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed	I is a check for th	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:

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

R&R Hotels, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited I lability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.16000000690}{1.16000000690}$.	pany were filed on 12/30/2015	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 I	Liability Company," the designation "HC" or the	abbreviation "L.1 C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	A CCH
		ω
Enter new mailing address, if applicable:	1111N. Ponce de Leon Blvd.	7 01 CORPO
(Mailing address MAY BE A POST OFFICE BOX)	St. Augustine, FL 32084	
		
B. If amending the registered agent and/or registere		r the name of the i
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Elorida sireei address	
	, Florida	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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	Ranjana Bhana	28 Talaquah Blvd.	-
		Ormond Beach, FL 32174	
			■ Remove
MGR	Farid Ashdji	IIII N. Ponce de Leon Blvd.	
		St. Augustine, FL 32084	
			□ Remove
•			Change
<u>.</u>			□ Add
			□ Remove
			Change
			
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	08/28/2018	
fective date, if other than the	e date of filing:	(optional)
ote: If the date inserted in this l	block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
ocument's effective date on the	Department of State's records.	
record specifies a delaye The 90th day after the re	ed effective date, but not an effection of the control of the cont	ve time, at 12:01 a.m. on the earlier
ated August 29	2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00