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COVER LETTER

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CIID III	R&R Hote	ls, LLC				
SUBJE	CI:	Name of Limi	ited Liability Company			
•						
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please a	eturn all correspo	ondence concerning this matter (to the following:			
		John L. Whiteman, Esquire				
			Name of Person			
		St. Johns Law Group				
		 	Firm/Company			
		104 Sea Grove Main Street				
			Address			
		St. Augustine, FL 32080				
			City/State and Zip Code		~ <u>3</u> .	
		jwhiteman@sjlawgroup.com	1		go **	
		E-mail address; (t	o be used for future annual report notif	cation)		-
For furt	her information o	concerning this matter, please ca	II:		-0	1
John L.	Whiteman		904 495-(H00) at ()			
	Name (of Person	Area Code Dayume	Telephone Number		ويب
					0	
Enclose	d is a check for t	he following amount:			·	
■ \$2 5	.00 Filing Fee -	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears o l Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number L16000000690	y were filed on $\frac{12/30}{}$	2015 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "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:	45 Seton Trail		
(Mailing address MAY BE A POST OFFICE BOX)	Ormond Beach, FL	32176MG	**************************************
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ir records, <u>enter the name of the n</u>	2
New Registered Office Address:	Enter Florida	street address	
		Ph. add.	F
	City	Florida Zip Code	

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

R&R Hotels, LLC

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager ·

<u>Title</u>	<u>Name</u>	Address	Type of Action	
1100	Farid Ashdji	1111 N Ponce de Leon Blvd.	Type of Action	
MGR	Tana Asiagi	TITTA FORCE de Leon Siva.	m	
-•		St. Augustine, FL 32084		
		50. Augustine, FD 52004		
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fective date, if other a effective date is listed at	than the date of filing: (optional) he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)	
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cument's effective date	e on the Department of State's records.	
record specifies a The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.	
ine som day after	the record is filed.	
	2018	
October 15	2013	
ited October 15	. 2013	
otted October 15		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00