

Division of Corporations

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L14000018208

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LAKE KATHRYN MOTEL LLC**

Certificate of Status	0
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Page Count	04
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OCT 11 2016  
J. HARRIS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Lake Kathryn Motel, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/26/2016 and assigned  
Florida document number L16000018208.

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:

B&C Corporate Services of Central Florida, Inc.

New Registered Office Address:

390 N. Orange Ave., #1400

Enter Florida street address

Orlando

City

Florida 32801

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.

*Regina Kallitall*

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>	<u>Address</u>	<u>Type of Action</u>
P	Legacy 786 LLC	4290 Church St.	<input type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Moe Musleem	4290 Church St.	<input type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Abdallah Shabnam	4290 Church St.	<input type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amaffib Management, LLC	4290 Church St.	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

**Dated**

October 10, 2016

*St. John*

Signature of a member or authorized representative of a member

Shahram Abdallah

Typed or printed name of signee

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SECRETARY OF STATE  
DIVISION OF CONSTITUTIONAL  
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