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COVER LETTER

	Registration Se Division of Cor				
end mar		le Hospitality LLC			
SUBJEC	ı: <u> </u>	Name of Limited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Larry M. Abbo			
			Name of Person	_	
		PMG Asset Services			
			Firm/Company	_	
		4651 Sheridan Street, Suit	e 480,		
			Address	_	
		Hollywood, FL 33021			
			City/State and Zip Code	- 1023 KAR 24	
		stephannie.javens@primeg			
		E-mail address: (to be used for future annual report notification)	رم 20	
For furthe	r information c	oncerning this matter, please c	аН:	-	
Stephann	ie Javens		754 248-()449 at ()	PR STA	
	Name o	f Person	Area Code Daytime Telephone Numb	er Fig. 7	
Enclosed	is a check for th	ne following amount:			
≰ \$25.0	0 Filing Fee	_ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	Hailing Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	2.O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tierra Verde Hospitality 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 $\frac{04/01/2016}{1}$ and assigned Florida document number $\underline{\frac{1.16000065278}{}}$ 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: New Registered Office Address: Enter Florida street address . Florida _ City

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>	<u>Name</u>	Address	Type of Action
MGR	Shaner Hotel Holdings Limited Par	1965 Waddle Road	
		State College, PA 16803	■Remove
			□ Change
MGR	Shaner Tierra Verde Hotel, LLC	1965 Waddle Road	
		State College, PA 16803	□Remove
			□Change 2023 □ 130 □ 13
			24 Remove OF STATE
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ated March 17th		. 2023		:	2023 MAR 24	
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Filing Fee: \$25.00

Typed or printed name of signee