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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SNYDERBURN, RISHOI & SWANN

Account Number : I20070000142 Phone : (407)647-2005 Fax Number : (407)647-1522

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Email Address: IAMADOR@srslaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCADIA RESORTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARCADIA RESORTS, LLC					
(Name of the Limited I	iability Compar	i <mark>y as it now uppears on our r</mark> lability Company)	ecords.)		
(A)	Torida Cilinca i	taumity Company)			
The Articles of Organization for this Limited Liabi	lity Company	were filed on 05/16/2016	<u> </u>	and assig	med
Florida document number 116000095913					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company "the designation	"I I C" or the	abhreviation "I.I.	<u>C"</u>
The new harre must be distinguishable and contain the words	i immed Eddinii	ty company, the designation	0.00	and the same of th	.
Enter new principal offices address, if applicable	e:	- 	-		
(Principal office address MUST BE A STREET A	DDRESS)				

Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	X)				
	.:2			······································	
					
B. If amending the registered agent and/or regis	tered office ac	ddress on our records, e	nter the nai	ne of the new	registered
agent and/or the new registered office address he		· 			
				产品	
Name of New Registered Agent:				CR CR	
N 0 1 1000 A11				\$ 6	<u>.</u> Ti
New Registered Office Address:		Enter Florida street a	ddress	<u> </u>	F≥2
	;				E00
-		City	, Florida _	S Zin Cont	E
New Registered Agent's Signature, if changing Regis	stered Agent:			필급 🝃	
I hereby accept the appointment as registered ag		e to act in this capacity.	l further ag	gree 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TDZ ARCADIA, LLC	14100 Walsingham Road, Suite 20	□Add
		Largo, Florida 33774	≅Remove
			□ Change
MGR	TDZ MANAGEMENT, LLC	14100 Walsingham Road, Suite 20	≣Add
		Largo, Florida 33774	□Remove
			☐ Change
			□Add
			□Remove
			Change
	***		□Add
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			□Change
			C)Add
			□ Remove
			☐ Change
			□Add
		(((H2	□Remove 22000258595 3)))
			Change

Effective date, if other than the date of filing:		
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