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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| HISTORIC PONCE | HOTEL LLC | | | |
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| | | | - | Art of Inc. File |
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| | | | | Foreign Corp. File |
| | | | 上 | L.C. File |
| | | | _ | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | | | Merger File |
| | | | | Art. of Amend. File |
| | | | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | <u> </u> | Cert. Copy |
| | | | | Photo Copy |
| | | | X | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | | | | Fictitious Owner Search |
| | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by: SETH | 10/30/19 | | | UCC 1 or 3 File |
| Name | Date | Time | | UCC 11 Search |
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COVER LETTER

| | | istration Sec sion of Corp | | | | |
|------------------|-------------|-------------------------------|---|---|--------------------|---|
| SUBJEC | ጉ ጉ. | Historic Pon | ce Hotel LLC | | | |
| SUBJEC | . I i | | Name of Lim | ited Liability Company | | |
| The encl | osed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn | all correspon | dence concerning this matter | to the following: | | |
| | | | John L. Whiteman, Esq. | | | |
| | | | St. Johns Law Group, P.A. | Name of Person | | |
| | | | 104 Sea Grove Main Street | Firm/Company | | |
| | | | St. Augustine, FL 32080 | Address | | |
| | | | ashdji@gmail.com | City/State and Zip Code | <u> </u> | |
| | | | E-mail address: (1 | to be used for future annual r | eport notification | on) |
| For furth | er in | formation co | ncerning this matter, please ca | oll: | | |
| John L. V | Whit | eman | | 904 495 at () | -0400 | |
| | | Name of | Person | Area Code | Daytime Tele | ephone Number |
| Enclosed | l is a | check for the | e following amount: | | | |
| □ \$ 25.0 | 00 Fi | ling 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

| Historic Ponce Hotel LLC | | |
|---|---|---|
| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our records orida Limited Liability Company) | <u>rr)</u> |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on 6/1/2016 | and assigned |
| Florida document number L16000106271 | | |
| This amendment is submitted to amend the following | . | |
| A. If amending name, enter the new name of the l | 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: | | 6-51 |
| Principal office address MUST BE A STREET AD | DDRESS) | . = |
| | | 130 |
| | | 000 000 000 000 000 000 000 000 000 00 |
| Inter new mailing address, if applicable: | | r <u>e</u> |
| Mailing address MAY BE A POST OFFICE BOX | | 10:00 10:00 |
| | | .: . 5 |
| If amending the registered agent and/or registered agent and/or the new registered office a | | , enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Frontal street daaress | |
| | | rida |
| | Citv | Zin 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.

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> | Name | Address | Type of Action |
|--------------|-----------------------------------|--|----------------|
| MGR | Ashdji, Farhad | 36 Marshview Dr. St. Augustine, FL 32080 | □ Add |
| | | | ■ Remove |
| | | | ☐ Change |
| MGR | Ashdji, Farid | 2741 Race Track Rd. St. Augustine, FL 32084 | □ Add |
| | | | ■ Remove |
| | Historic Ponce Hotel Delaware | 111111 | Change |
| AMBR | LLC, a Delaware limited liability | 1111 N. Ponce de Leon Blvd. St. Augustine, FL 32084 | |
| | | | Remove |
| | | | Change |
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| Iffective date, if other than fan effective date is listed, the date | he date of filing: | | (optional) | |
| Note: If the date inserted in this locument's effective date on the | Grock does not lifeet the appl | icabie statutory nimo remii | rements, this date will not be lis | 5.020 ted as |
| e record specifies a delay The 90th day after the r | ed effective date, but n ecord is filed. | ot an effective time, a | at 12:01 a.m. on the earl | er of |
| October 30 | 2019 | | | |
| Dated | - | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee