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D. SCOTT OCT 2 4 2016

## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		,	
SUBJI	Best Orland	do Resorts, LLC			
		Name of Lim	ited Liability Company	· · ·	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
	,	Adam J. Gerard, Esq.			
			Name of Person	•	
		Gerard Law Group. Inc.		•	
			Firm/Company		
		723 West Chapman Ave			
			Address	<u>.                                      </u>	
		Orange, CA 92868			
			City/State and Zip Code	<del></del>	
		agerard@gerard-law.com			
		E-mail address: (t	o be used for future annual report notific	ation)	
For fur	ther information c	oncerning this matter, please ca	ıll:		SECT SECT
Adam	J. Gerard, Esq.		949 769-2571 at ( )		題のこ
	Name o	f Person	Area Code Daytime	Felephone Number	SSECTION OF THE PROPERTY OF TH
Enclose	ed is a check for th	e following amount:			3 3
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status &

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

Best Orlando Resorts, LLC	•	·
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liab		and assigned
orida document number L16000119863		
is amendment is submitted to amend the follow	ing:	
If amending name, enter the new name of th	e limited liability company here:	
rive Concierge, LLC		
new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
ter new principal offices address, if applicabl	e:	
incipal office address MUST BE A STREET	ADDRESS)	
ton worn wealth and didney if and back in		
ter new mailing address, if applicable:		
<u>ailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		<u> </u>
	registered office address on our records, en	ter the name of the
istered agent and/or the new registered office	e address here:	TASE 5
Name of New Registered Agent:		
New Registered Office Address:		SSE SE
	Enter Florida street address	19 2 U
	. Florida	LOST W
· · · · · · · · · · · · · · · · · · ·	City	Tapa Code Co

### 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 □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add . □ Remove

☐ Change

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Filing Fee: \$25.00