# L16000135628

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# **COVER LETTER**

# TO: Registration Section Division of Corporations

SUBJECT:	SPRINGHI	LL AIRPORT, LLC			
SCECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		John L. Soileau			
			Name of Person		
		Watson, Soileau, DeLeo, E	Burgett & Pickles, PA		
		Firm/Company			
		3490 North U.S. Highway	1		
			Address		
		Cocoa, FL 32926		E.	2016
			City/State and Zip Code	AH AH	NG NG
		jsoileau@brevardlawgroup.		Cation) + HASSE	<u> </u>
For further in	nformation c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifi all:	cation) SA	AUG IS D
John L. Soile	eau		321 631-1550 at ()	L CRITA	<u>ن</u> ر
	Name o	f Person	Area Code Daytime	Telephone Number	<del></del>
Enclosed is a	check for th	ne following amount:			
<b>≘</b> \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of 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

SPRINGHILL AIRPORT, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our r mited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Con Florida document number L16000135628	npany were filed on 07/19/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
SARASOTA HOTEL AIRPORT, LLC		
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 ADDRES	SS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our re	Cords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
		_, Florida
	City	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.

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
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fective date, if other than the date of filing:  in effective date is listed, the date must be specific and cannot be prior to date of filing.	ng or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ated August 12 , 2016	
	A representative
1 ~	

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Typed or printed name of signee

Filing Fee: \$25.00