## 116000192116

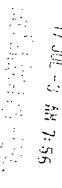
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## **COVER LETTER**

* Division of Cor			
		inshine LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Leyani Roman	
		Name of Person	<del></del>
		SMS Lodging	
		Firm Company	
		307 NE 1st Street	
		Address	
		Miami, FL 33132	
		City State and Zip Code	<del>-</del>
	Parale E-mail address:	94 @ Sms lodging. co	ication)
For further information co	oncerning this matter, please c	all:	
Leyani Roma	n	at () Area Code Daytime	256
Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	re following amount		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy (s enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	NG ADDRESS: ntion Section n of Corporations	STREET/COURII Registration Section Division of Corpora	1
P.O. Bo		Clifton Building	IIIVII2

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Exuma Sunshine L	LC		
(Name of the Limit	ted Liability Compan (A Florida Limited Li	y ay it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited L florida document number $\frac{-1.16000192116}{-1.0000192116}$	iability Company v	vere filed on	October 18, 2016	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company h	ere:	
The new name must be distinguishable and contain the v	vords "Limited Liabilia	y Company," the o	designation "L.I.C" or the r	bbreviation "E.E.C."
Enter new principal offices address, if applic	able:	307 NE 1st	Street	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL	33132	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	307 NE 1st Miami, FL		
B. If amending the registered agent and/ registered agent and/or the new registered of		:	our records, <u>enter</u>	the name of the n
Name of New Registered Agent:				
New Registered Office Address:	307 NE 1st Str		<del></del>	
	Miami	Enter Flo	rīda sircei address , Florida	33132
New Registered Agent's Signature, if changing I	Registered Agent:	City		Zip Code CA

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, Stranture 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	Patrick Harrington	2525 SW 3rd Avenue, Unit 1202	
		Miami, FL 33129	■ Remove
			Change
MGR	Steve Harrington	10238 Laurel Road	
		Davie, FL 33328	■ Remove
			□ Change
MGR	Standard Management Services, L.L.C.	307 NE 1st Street	<b>⊒</b> Add
		Miami, FL 33132	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	<del></del>		
			□ Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing- ote: If the date inserted in this block does not meet the applicable statutory to		
ocument's effective date on the Department of State's records.	ining requirements, this date will have be in	3100
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on the ear	lier
7 24		
ated June 7th 2017  Value Haungton  Signature of a member of authorized represents		
5.1.4.11		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00