(((H220002585813))) Florida Department of State

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(((H22000258581 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

2022 A! C -- I

Account Name : SNYDERBURN, RISHOI & SWANN

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

IAMADOR@srslaw.net Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CR CLEARWATER, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

 $(((H22000258581\ 3)))$

,	, O	F	, ,		
CR CLEARWATER,	LLC	av os it nav annears on (il	r records)		
(Same of the Egon	(A Florida Limited L	ny as it non appears on ou tability Company)			
The Articles of Organization for this Limited Li	iability Company	were filed on December	r 15, 2016	and assign	ned
Florida document number 1.16000227084	 				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company here:			
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designati	on "LLC" or the a	bbreviation "L.L.C	· ·
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:			 		
Mailing address MAY BE A POST OFFICE	BOX)				
3. If amending the registered agent and/or ragent and/or ragent and/or the new registered office addres		ddress on our records	, enter the nan	ne of the new r	egisterec
				26 26 26 26 26 26 26 26 26 26 26 26 26 2	
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.		Enter Florida stree		FOR A	E
	.,	Cuy	, Florida	Zip Code	·
New Registered Agent's Signature, if changing F	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propercept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this	d agent and agre er and complete stered agent as p registered office	performance of my du rovided for in Chapte	ties, and I am , r 605, F.S. Or,	familiar with a if this docume	ind

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:

(((H22000258581 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	ARCADIA RESORTS, LLC	•	14100 Walsingham Road, Suite 20	□Add
			Largo, Florida 33794	■ Remove
				☐ Change
MGR	TDZ MANAGEMENT, LLC		14100 Walsingham Road, Suite 20	
			Largo, Florida 33794	⊡Remove
		•		
				□Add
				□ Remove
		·		□Chang c
		,		□Add
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		٠.		☐ Change
			:	□Add
				□Remove
				□Change
				Remove
			I)))	1220002 <u>58</u> 581 ₈ 3)))

amending any ou	her information, enter change(s) here: (Attach additional sheets, if necessary.)
an effective date is liste ote: If the date inse	ther than the date of filing: July 28, 2022 (optional) Indeed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05 red in this block does not meet the applicable statutory filing requirements, this date will not be listed date on the Department of State's records.
ecord specifies a de is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated July 28	, 2022
mid	2-18 10m
X+1110	Signature of a member or authorized representative of a member
, —	
K Michae	1 Swann, Authorized Representative
	Typed or printed name of signee