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DIVISION OF COLUMN ACCOR 17 SEP -1 AH11: 23

COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: MSC HOSPITALITY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAHNE MCALLISTER Name of Person
MJC HOSPITALITY LLC Firm/Company
PO BOX 644135 Address
VGCO BEACH, FL 32964-4135 City/State and Zip Code INFO C SECTION TO COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)			
MTC HOSPITALI (Name of the Limited Liability Company (A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number L 70004009.3 This amendment is submitted to amend the following:	were filed on FERRUARY 20,2017 and assigned			
This amendment is submitted to amend the following:	22			
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	953 OLD DIXIE HIGHWAY UNIT BIZ VECO GEACH, FL 32960			
Enter new mailing address, if applicable:	PO BOX 644135			
(Mailing address MAY BE A POST OFFICE BOX)	VERO BEALH, FL 32964-4135			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: 953 O				
VGCO	SCACH Florida 32960			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Type of Action Title Name **Address** MGR MKHAGL W. CLIFFORD 513 JAT STREET DANGE SGRASTIAN, FL32958 _□ Change JAYNE M. MCALLISTER 953 OLD DIXIE HIGHWAY WAD UNIT B12 __ Remove VECO BEACH, FL 32960 - Change □ Add ☐ Remove ☐ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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n effective date is listed, the date mus ote: If the date inserted in this blo	be specific and ca	annot be prior to c		re than 90 days afte	r filing.) Pursuant to 605.
cument's effective date on the De			outurery ming	. oquitememe, viii	a date will not be listed
record specifies a delayed The 90th day after the reco		e, but not a	n effective tii	ne, at 12:01 -	a.m. on the earlie
ned August 29 74	¹^^	2017			
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	Signature of a mer	mber or authorize	ed representative of	f a member	

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Filing Fee: \$25.00