## LITOCOOTETTO

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2011 APR 13 PM 1: 26
SECRETARY OF STATE

K. SALY APR 1 4 2017

## **COVER LETTER**

	tration Section of Corp			
SUBJECT:	EDG HOSPI	TALITY ALPHARETTA LI	LC .	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	ll correspond	dence concerning this matter	to the following:	
		NOEL EPELBOIM		
			Name of Person	
		EPELBOIM DEVELOPM	ENT GROUP	
			Firm/Company	
		175 SW 7TH ST SUITE 1	702	
			Address	
		MIAMI, FL 33130		
			City/State and Zip Code	
		INFO@EPELBOIM.COM		
		E-mail address: (t	to be used for future annual report noti	fication)
For further info	rmation cor	cerning this matter, please ca	all:	
NOEL EPELB	OIM		305 6775147	
	Name of F	Person	Area Code Daytim	e Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Filid	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

FILED
2017 APR 13 PM 1: 26
SECRE-TARY OF STATE
ALLAHASSEE, FLORIDA

EDG HOSPITALITY ALPHARETTA LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

Florida document number L17000072770	and assigned and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "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)
B. If amending the registered agent and/ registered agent and/or the new registered of	for registered office address on our records, enter the name of the new
Name of New Registered Agent:	EDG ALPHARETTA MANAGEMENT, LLC
New Registered Office Address:	Enter Florida street 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDG ALPHARETTA MANAGEMENT LLC	175 SW 7TH ST SUITE 1702 MIAMI FL 33130	🖬 Add
			□ Remove
			Change
MGR	EPELBOIM DEVELOPMENT GROUP LLC	175 SW 7TH ST SUITE 1702 MIAMI FL 33130	D Add
			■ Remove
			Change
		7	SC Demove
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		. Start Montage .	Remove
			□ Change
			Remove
			Change
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			□ Remove
			Change

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record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01 a.	m. on the earlier of:
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ted APRIL 10	, 2017	<i>\_</i>		
	<b>∧ (</b>	45 a00 m.	ノ .	

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Typed or printed name of signee

Filing Fee: \$25.00