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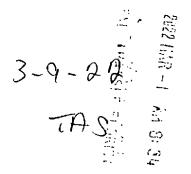
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COVER LETTER

	Registration Sec Division of Corp					
CHD IPZ		OCIATES LLC				
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		Stuart I. Grossman				
			Name of Person	 _		
	Levine Kellogg Lehman Schneider + Grossman LLP					
	Firm/Company					
	201 S. Biscayne Blvd. 22nd Floor					
		- · -	Address			
		Miami, Florida 33131				
			City/State and Zip Code			
		sig@lklsg.com				
		E-mail address: (to be used for future annual report notif	ication)		
For furth	er information co	oncerning this matter, please c	all:			
Stuart I.	Grossman		305- 403-2487			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed	l is a check for the	e following amount:				
≘ \$25.	00 Filing 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	:	Street Address;			

TO:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TELB V220CIVIE2 FFC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on 05/23/2017 and assigned
lorida document number L17000113014	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	inv here:
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	- CO
3. If amending the registered agent and/or registered office address on	
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter Florida street address
	Florida
City	Zin Coda

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>	<u>Address</u>	Type of Action
MGR	WHG TLPB, LLC	914 Hartford Turnpike Number	🗆 Add
		715 Waterford, CT 06385	= Remove
			□Change
MGR	Concord Hospitality Enterprises Company, LLC	11410 COMMON OAKS DRIVE	≣ Add
		RALEIGH, NC 27614	□Remove
			GChange GChange GAdd
			Remove
	<u>.</u>		□Add
			Remove
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	L-14-2	1022				
Iffective date, if other than the c fan effective date is listed, the date must	ate of filing:		filing or more than 0	(optional)	3 Discount t	o 605 0207
Note: If the date inserted in this bloom	k does not meet the a	ipplicable statu	tory filing require	ments, this date	will not be	e listed as
document's effective date on the Dep	artment of State's rec	cords.				
record specifies a delayed effective d is filed.	date, but not an effect	tive time, at 12	:01 a.m. on the ea	rlier 01: (b) Th	e 90th day	after the
December 17,	2021					
Zaneu	1	· ·				
Dated December 17.	Drownar_					

Filing Fee: \$25.00