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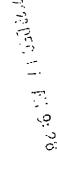
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| (Add | lress) | | | |
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| (City | /State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | iness Entity Nar | ne) | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Investments Limited Property Management L | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | v Company as it now appears on our records. Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 12/29/2017 | and assigned |
| Florida document number L17000264365 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| Fampa Hotel Investments LLC | | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" (| or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| • • • | | |
| <u>Principal office address MUST BE A STREET ADDR</u> | <u> </u> | |
| | | 1,-3 |
| | | ئىس |
| Inter new mailing address, if applicable: | | 7. |
| Mailing address MAY BE A POST OFFICE BOX) | | (O |
| | - | :2 |
| | | <u> </u> |
| If amending the registered agent and/or registered gent and/or the new registered office address here: | l office address on our records, <u>enter th</u> | e name of the new register |
| Name of New Registered Agent: | | 10-0-0- |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Flor | ida |
| | 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 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 | Marta Batmasian | 215 N Federal Highway | |
| | | Boca Raton, FL 33432 | ■Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated December 14, 2020 Signature of a member or authorized representative of a member James H. Batmasian-Typed or printed name of signee

Filing Fee: \$25.00