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# **COVER LETTER**

	Registration Se Division of Cor			
eun uræ		ociates LLC		
SUBJECT:  Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Sara Laureti		
			Name of Person	
		GF Management LLC		
			Firm/Company	<u> </u>
		1628 John F Kennedy Blv	d, 23rd Floor	
			Address	<del> </del>
		Philadelphia, PA 19103		
			City/State and Zip Code	<del> </del>
		taxteam@gfhotels.com		
For furthe	er information c	n-man address: ( concerning this matter, please c	to be used for future annual reportable:	notineation)
Sara Lau	reti		215 972-270 at ( )	7
	Name o	f Person		ytime Telephone Number
Enclosed	is a check for th	he following amount:		
<b>■</b> \$25.0	0 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 Addres		Street Address Registration	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	Fallahassee, l	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**DBFL Associates LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 26, 2018 and assigned Florida document number L18000102489 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_

#### 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

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
AMBR	Charles Henry	435 Devon Park Drive, 500 Building	□Add
		Wayne, PA 19087	=Remove
			□Change
AMBR	Joseph A. Wellenbusher, III	3 Dufton Drive	<b>≡</b> Add
		Medford, NJ 08055	□Remove
		<del></del>	□Change
			□Add
		<del></del>	□Remove
			□Change
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			□Change

## Page 2 of 3

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