

LIB000144734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

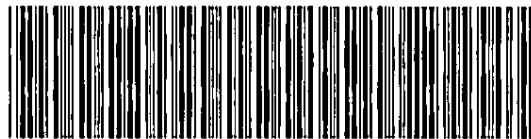
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/09/18--01025--005 **25.00

18 JUL -9 PM 1:45
DIVISION OF CORPORATIONS
SECRETARY OF STATE

N COOPER

JUL 11 2018

July 6, 2018

FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

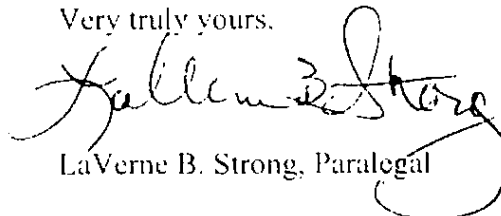
Re: Amendments - U.P. Hospitality Management, LLC, Pine Resort
Management, LLC, and Timberstone Golf Management, LLC

Dear Clerk:

Enclosed for filing is an amendment to the articles of organization with respect to each of the above Florida limited liability companies. Also enclosed for each amendment is a check in the amount of \$25 payable to the Florida Department of State in payment of the applicable filing fees.

Please contact me if you need anything else in this regard. Thank you for your attention to this matter.

Very truly yours,



LaVerne B. Strong, Paralegal

Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

U.P. Hospitality Management, 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 June 12, 2018 and assigned Florida document number L18000144734

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 "L.L.C."

Enter new principal offices address, if applicable:

275 Indies Way, #1604

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34110

Enter new mailing address, if applicable:

P.O. Box 770609

(Mailing address MAY BE A POST OFFICE BOX)

Lakewood, OH 44107

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:

Mark S. Bodnar

New Registered Office Address:

275 Indies Way, #1604

Enter Florida street address

Naples

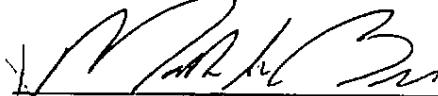
Florida 34110

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

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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> | <u>Type of Action</u> |
|--------------|-----------------|--------------------|--|
| AMBR | Carol G. Bodnar | P.O. Box 770609 | <input type="checkbox"/> Add |
| | | Lakewood, OH 44107 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Mark S. Bodnar | P.O. Box 770609 | <input type="checkbox"/> Add |
| | | Lakewood, OH 44107 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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DIVISION OF CORPORATIONS

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 July 6, 2018
Harold O. Maxfield, Jr.
Signature of a member or authorized representative of a member

Harold O. Maxfield, Jr.
Typed or printed name of signer