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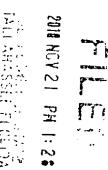
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COVER LETTER

Division of Cor	porations				
HOSPITAI SUBJECT:	LITY INVESTMENT PARTN	ERS, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	TREVOR K BREWER				
		Name of Person			
	BREWERLONG, PLLC				
	Firm/Company				
	620 N WYMORE ROAD, SUITE 270				
		Address			
	MAITLAND, FLORIDA	32751			
		City/State and Zip Code			
	TBREWER@BREWERLC		<u> </u>	291	
		to be used for future annual report notification	i) Ç.,	7 .	Ĭ
For further information c	oncerning this matter, please co	all:	1 21 13	<u></u>	
TREVOR BREWER		407 660-2964 at ()	shone Number	- ₽	
Name o	of Person	Area Code Daytime Telep	ohone Number	2011 NOV 21 PH 1: 28	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is en	tus &	

MAILING ADDRESS:

TO:

Registration Section

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

HOSPITALITY INVESTMENT PARTNERS, 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 $\underbrace{\text{OCTOBER}}_{\text{CP}}$ 24, 2018 _____ and assigned Florida document number _L18000250391 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 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>	Name	Address	Type of Action
AMBR	FRANK ECHEVARRIA	518 S MAGNOLIA AVENUE, STE 110, ORLANDO, FL 32801	
			☐ Remove
AMBR	STEPHEN V FACELLA	518 S MAGNOLIA AVENUE, STE 110, ORLANDO, FL 32801	□ Add
			☐ Remove
			☐ Change
MGR	FRANK ECHEVARRIA	518 S MAGNOLIA AVENUE, STE 110, ORLANDO, FL 32801	■ Add
			Remove
			Change
MGR	STEPHEN V FACELLA	518 S MAGNOLIA AVENUE. STE 110, ORLANDO, FL 32801	■ Add
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fective date, if other than the dat in effective date is listed, the date must be a	e of fung:specific and cannot be pr	ior to date of filing or	more than 90 days after fi	ing.) Pursuant to	605,020
ote: If the date inserted in this block cument's effective date on the Depart			ing requirements, this o	ate will not be i	isted a
record specifies a delayed eff The 90th day after the record		not an effective	e time, at 12:01 a.i	n. on the ea	rlier
november 16	. 2018	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00