# U8000254695

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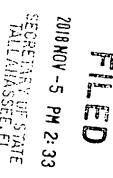


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R. WHITE NOV 1 GROWS



## **COVER LETTER**

TO:	Registration Se Division of Cor			·
CHD IE		Holiday Inn, LLC		
Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		Harlan L. Paul, Esquire		
			Name of Person	
		Paul, Elkind, Branz & Kelt	on, P.A.	
		<u> </u>	Firm/Company	
142 E. New York Avenue				
			Address	
		DeLand, FL 32724		
		lsom@paulandelkind.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Ledia S	hams		386 734-3020	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 OF

FILED

2018 NOV -5 PM 2: 33

Ocean Gate Holiday Inn, LLC			SECRETION AS AS ASSES
(Name of the Lim	ted Liability Comp (A Florida Limited	pany as it now appears on our red Liability Company)	SECRETARY OF STATE COORDS. TALLAHASSEE, FL
ne Articles of Organization for this Limited Lorida document number L18000254695	Liability Compan	ny were filed on	and assigned
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited lia	bility company here:	
oliday Inn 44, LLC			
e new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "	LLC" or the abbreviation "L.L.C."
iter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX"		N/A	
If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent:	•		ords, enter the name of the
New Registered Office Address:		Enter Florida street ad	ldress
			, Florida
		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

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 N/A	Type of Action
			☐ Remove
			Change
			Add
		<del></del>	□ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
		<del></del>	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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-	
_	
Effectiv	e date, if other than the date of filing: (optional)
Note: 11	tive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated _	November 2nd 2018  1 2018  Signature of a number or authorized representative of a member
	Signature of a member or authorized representative of a member
	Dan McFall
	Typed or printed name of signee

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Filing Fee: \$25.00