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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LEP

Account Number : I20000000025 Phone : (407)481-5800 Fax Number : (407)481-5801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sameet@onyxhospitality.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONYX HORN LAKE HOTEL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONYX HORN LAKE HOTEL LLC		. <u> </u>
(Name of the Umited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2/22/2019	and assigned
Florida document number L19000053058		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		R P
Enter new mailing address, if applicable:	<u></u>	12 LE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	Mce address on our records, e:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	orida
	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

Page 1 of 3

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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>	Name	Address	Type of Action
MGR	SAMEET PATEL	551 NW ST, STE 108	
		BOCA RATON, FL 33487	U Aud
			Remove
			☐ Change
MGR	NILESH PATEL	551 NW 77TH ST, STE 108	
		BOCA RATON, FL 33487	
			■ Remove
			Change
MGR	TARUNKUMAR PATEL	551 NW 77TH ST. STE 108	
		BOCA RATON, FL 33487	ALL ALL
			Change Change
			30
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			□ Remove
			☐ Change

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	2819 HAR 12 AH 10:
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	2819 HAR 12 AH 10: SECRETARY OF
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be a Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's recommendation.	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) plicable statutory filing requirements, this date will not be listed as the ords.
ne record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated MARCH 12 2019	
W	
Signature of a member or	authorized representative of a member

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