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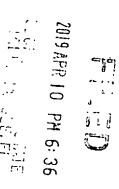
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J. THOMAS CONROY, 111
ELORIDA BAR BOARD CERTILID REAL ESTATE LAWYER
KRISTIN M. CONROY
FLORIDA BAR BOARD CERTILID REAL ESTATE LAWYER
MICHAEL A. DURANT
FLORIDA BAR BOARD CERTILID REAL ESTATE LAWYER



HOLLY A. HARMON FLORIDA BAR BOARD CERTIFIED REAL ENAME LAWYER BRADLEY D. FRIEDMAN GREGORY W. WETZEL

April 5, 2019

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Resort Hospitality Partners, LLC

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization for the above referenced entity. We have included a check in the amount of \$25.00 for the filing fee.

Please feel free to contact me if you require additional information or documentation.

Very truly yours,

Samantha MacLeod

Real Estate Paralegal

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# **COVER LETTER**

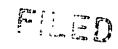
Registration Section Division of Corporations

TO:

|                          | Name of Lim                                  | ited Liability Company  |  |  |
|--------------------------|--|---|--|--|
| e enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |
| ease return all correspo | ondence concerning this matter               | to the following:   |  |  |
|                          | Michael A. Durant                            |   |  |  |
|                          |  | Name of Person  |  |  |
|                          | Conroy, Conroy & Durant.                     | P.A.  |  |  |
|                          |  | Firm/Company  |  |  |
|                          | 2210 Vanderbilt Beach Road, Suite 1201       |   |  |  |
|                          | North Pl 21100                               | Address   |  |  |
|                          | Naples, FL 34109                             |   |  |  |
|                          | filings@naplespropertylaw.                   | City/State and Zip Code com   |  |  |
|                          | E-mail address: (                            | to be used for future annual report not                             | iffication)  |  |
| further information c    | oncerning this matter, please co             | all:  |  |  |
| hael A. Durant           |  | 239 649-5200<br>at ()   |  |  |
| Name o                   | f Person                                     | at ()<br>Area Code Daytin   | ne Telephone Number  |  |
| sed is a check for the   | ne following amount:                         |   |  |  |
| 15.00 Filing Fee         | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |  |
| Registr                  | ING ADDRESS:                                 | Registration Secti  |  |  |
|                          | on of Corporations ox 6327                   | Division of Corpo<br>Clifton Building                               | ланоня   |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 10 PH 6: 36

| Resort Hospitality Partners, LLC  |   |                                       | •                 |
|---|---|---------------------------------------|-------------------|
| (Name of the Limi   | ted Liability Company as it now<br>(A Florida Limited Liability Con | pappears on our records.)             |                   |
| The Articles of Organization for this Limited L                                 | iability Company were filed   | on 03/21/2019                         | and assigned      |
| Florida document number <u>L19000072791</u>                                     | <del></del> .   |                                       |                   |
| his amendment is submitted to amend the following                               | lowing:   |                                       |                   |
| A. If amending name, enter the new name of                                      | of the limited liability comp                                       | any here:                             |                   |
| The new name must be distinguishable and contain the                            | words "Limited Liability Compan                                     | y," the designation "LLC" or the abbr | eviation "L.L.C." |
| Inter new principal offices address, if appli                                   | cable:  |                                       |                   |
| Principal office address MUST BE A STREE  | ET ADDRESS)   | <del></del>                           |                   |
|   |   |                                       |                   |
| nter new mailing address, if applicable:  |   |                                       |                   |
| failing address MAY BE A POST OFFICE  | <u>BOX)</u>   |                                       |                   |
|   |   |                                       |                   |
| If amending the registered agent and istered agent and/or the new registered or | _   | ess on our records, enter th          | ne name of the i  |
| istered agent and/or the new registered o                                       | mice address nere.  |                                       |                   |
| Name of New Registered Agent:   | Michael A. Durant   |                                       |                   |
| New Registered Office Address:  | 2210 Vanderbilt Beach Ro  | oad, Suite 1201                       |                   |
|   | E   | nter Florida street address           |                   |
|   | Naples  | 3410                                  | 9                 |

### Registered Agent's Signature, if changing Registered Agent:

thy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my 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>       | <u>Address</u>                       | Type of Action |
|---------------|-------------------|--------------------------------------|----------------|
| MGR           | David A. Lawrence |                                      |                |
|               |                   | 221 9th Street S<br>Naples, FL 34102 | ■ Remove       |
|               |                   |                                      | ☐ Change       |
| MGR           | Edward T. Negley  | 221 9th Street S<br>Naples, FL 34102 | ■ Add          |
|               |                   |                                      | ☐ Remove       |
|               |                   |                                      | ☐ Change       |
| 3R<br>——      | Peter J. Tierney  | 221 9th Street S<br>Naples, FL 34102 | ■ Add          |
|               |                   |                                      | ☐ Remove       |
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| f an effec<br><mark>Sote:</mark> | tive date is listed, the the date inserted in the date inserted in the effective date of the date of t | : date must be speci<br>in this block does | fic and cannot be properties and the cap | plicable statuto  | ng or more than 90<br>ry filing requirer | ) days after filing.) P                      | ursuant to 605.020<br>Il not be listed a |
|                                  | rd specifies a c<br>Oth day after t  |  |  | not an effec      | tive time, at                            | 12:01 a.m. or                                | the earlier o                            |
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Filing Fee: \$25.00