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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PRIME GENERAL LLC

Account Number : I20170000053

: (954)624-4801

Fax Number

: (954)241-7812

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHG AT MARATHON LAND HOLDINGS 2 LLC

| Certificate of Status | 0       |
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## **COVER LETTER**

| TO: Registration(Se<br>Division of Con | ection<br>-porations<br>&                    |   | <i>(</i>  |
|--|--|---|---|
|  | ARATHON LAND HOLDING                         | GS 2 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:   |   |
|  | LARRY M. ABBO                                |   |   |
|  |  | Name of Person  |   |
|  | PRIME HOSPITALITY G                          | ROUP II LLC   |   |
|  |  | Firm/Company  | <del></del>   |
|  | 4651 SHERIDAN STREE                          | T, SUITE 480  |   |
|  |  | Address   | <del></del>   |
|  | HOLLYWOOD, FL 3302                           | 1   |   |
|  |  | City/State and Zip Code   |   |
|  | larry@abbo.net                               |   | S   |
|  |  | to be used for future annual report notif                           | ication)  |
| For further information                | concerning this matter, please c             | all:  |   |
| LARRY M. ABBO                          |  | 954 624-4801  |   |
| Name o                                 | of Person                                    |   | : Telephone Number  |
| Enclosed is a check for t              | he following amount:                         |   |   |
| □ \$25.00 Fifing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PHG AT MARATHON LAND HOLDING  | GS 2 LLC   |                           |
|---|--|---------------------------|
| (Name of the Limited Liub<br>(A Flori   | oility Company as it now appears on our records.) ida Limited Liability Company) | <del></del>               |
| The Articles of Organization for this Limited Liability   | Company were filed on 6/19/19  | and assigned              |
| Florida document number 119000161826  |  |                           |
| This amendment is submitted to amend the following:   |  | 207                       |
| A. If amending name, enter the new name of the lin  | mited liability company here:  | 6                         |
| PHG AT MARATHON LAND HOLDINGS 3 LLC   |  | 2020 MAR                  |
| The new name must be distinguishable and contain the words "Li  | imited Liability Company," the designation "LLC" or th                           | e abbreviation "          |
| Enter new principal offices address, if applicable:   |  | ₽ ; ;                     |
| (Principal office address MUST RE A STREET ADD  | DRESS)   | 2 35                      |
| Enter new mailing address, if applicable:   |  | ·                         |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                           |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |  | ner of the new registered |
| Name of New Registered Agent:   |  |                           |
| New Registered Office Address:  | Enter Florida street address   |                           |
|   | , 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 Title Name Type of Action **Address** □Add Remove Change □Add □ Change -□Remove Change  $\Box Add$ ☐ Remove ☐ Change  $\square$ Add □Remove Change □Add ☐Remove

\_ Change

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| fan effective date is<br>Note: If the date | other than the date of<br>listed, the date must be speci<br>inserted in this block does<br>we date on the Departmen | ific and cannot be prior to o<br>s not meet the applicable | late of filing or more than 90<br>e statutory filing requires | _(optional)<br>0 days after filing.)<br>ments, this date w | Pursuant to 605.02t<br>ill not be listed a |
|  | fles a delayed effect<br>after the record is f  |  | n effective time, at  | 12:01 a.m. o   | n the earller o                            |
|  | narchin   |  |   |  |  |
| Dated                                      | / //  | Man .  |   |  |  |

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