L19000232022

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
ETVE STAR GIVE CCAST //C.	•
SUBJECT: FIVE STAR GULF CCAST LLC Name of Limited Liability Compan	у
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anthony P Valente IT.	Esquire
Regrostered Agent Firm/Company	
	y
10126 Tarpon Drive	
Treasure Island, FL 33 City/State and Zip Anthony Valente: TE Verizo E-mail address: (to be used for future a	3706 Code V2. n êt
For further information concerning this matter, please call:	
Anthony P Valente Ir., Esquire at 727 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee Sand Filing Fee Certificate of Status Certificate of Status Certified Contact (additional contact to the contact to the contact to the certified Con	py Certificate of Status &
Registration Section Re	eet Address: egistration Section vision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE STAR GULF COAST	- LLC
FIVE STAR GULF COAST (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 19000232022</u> .	were filed on 09/13/ 3019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
ASKANADJUSTER GULF COAST LLC The new name must be distinguishable and contain the words "Limited Liability	man and a second
The new name must be distinguishable and contain the words "Limited Liability	ty Company, "the designation "LUC" or the appreviation "L.E.C."
Enter new principal offices address, if applicable:	y company, the designation leder of the above
(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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	Diff. 1 to the state of the sta
	, Florida City Zip Code
are the second s	Cay
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and browlded for in Chapter 605, F.S. Or, if this document is

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	Type of Action
			□Remove
			Change
		Remove	
		☐Change	
		Remove	
			Change
			□Add
		□Remove	
			□Add
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change

_	
Effective date	e, if other than the date of filing:(optional)
f an effective da	e, if other than the date of filing:
document's ef	feetive date on the Department of State's records.
e record specifed is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9-29 2020
	
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer
	Anthony P. Valente Ir. Esquire

THE PARTOR