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Amend

LALBRITTON

COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: EXTEN	DED HOTEL	MANAGEMENT	LLC
	Nam: of Limi	ited Liability Company	· ·
	mendment and fee(s) re sub-	•	
Please return all correspon	dence concerning this matter	to the following:	
	Agoshr	Name of Person	
	Law Office	OF Valerua Schi	rantzernain
		Jayne Blvd Suite	
		MI FL 33191 City/State and Zip Code O SCHVLAW. Co to be used for future annual report not	
			acation)
For further information col	neerning this matter, perase ca	4H;	
cuitsegs	41330mg	at (<u>305</u>) <u>709</u> Area Code Daytirs	9860
Name of	Person	Area Code Daytira	: Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of St tus	☐ \$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 So Division of Co P.O. Box 6327 Tallahassee, Fl	retion rporations	Street Address: Registration Se Division of Cor The Centre of ! 2415 N. Monro Tallahassee, FL	norations allahassee c Street, Suite 810

ARTICLES OF AMENDMEN I TO ARTICLES OF ORGANIZATION OF

EXTENCE() HOTEL M (Name of the) imited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOCC</u> : 23783	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain ne words "Limited Liability	ity Company," the dess, sation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STIPEET ADDRESS)	SUITE 311 Hallandare FL 33009
Enter new mailing address, if applicable:	800 SE 4th AVE
(Mailing address MAY BE A POST OFFI CE BOX)	suite 811 Hallandale FL 33009
B. If amending the registered agent and/or registered office a agent and/or the new registered office ad Iress here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida · treet address
	, Florida
	City Zip Code

New Registered Agent's Signature, if change ig 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	Type of Action
M6r	SHMUEL BONIONDE	19630 NE 26 RUE	
		WI SHI F1 33180	Remove
			Change
			□Add
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If amending any other inform		·		
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be sp: ific and cannot be pr block do, s not meet the app	ior to date of filing or mo licable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605 gree tirements, this date will not be liste	.0207 (1 ed as th
ne record specifies a delayed effectord is filed.	tive date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after	r the
Dated May 6th		<u>) </u>		
	Paul G	Farzon		
	Signat re of a member or a	thotized representative	of a member	
. 	aul Ga. zon Typed or pr	inted name of signee		