3/18/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WATSON SLOAME JOHNSON PLLC.

Account Number : I20150000117 Phone : (407)622-6751 Fax Number : (866)440-1211

- **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 SUNSHINE HOSPITALITY GROUP LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| SUNSHINE HOSPITALITY GROUP LLC | | | | | | |
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| (Name of the Limited Liability Comps (A Florida Limited | inv as it now appears on our records.) Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on03/13/2020 | and assigned | | | | |
| Florida document number L20000077214 This amendment is submitted to amend the following: | O MAR | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | | |
| The new name most 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: | 1850 West Landstreet Rd. | 20 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32809 | , · · | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1850 West Landstreet Rd. Orlando, FL 32809 | | | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | name of the new registered | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | Enter Florida street address | | | | | |
| <u> </u> | , Florida | | | | | |
| | (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Liability Company) (| | | | | |

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 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 |
|--------------------------|---------------|--------------------|-------------------|
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