

L20000 144953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

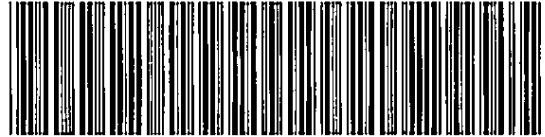
(Business Entity Name)

(Document Number)

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2020 JUL 14 AM 7:21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA QUINTA MANAGEMENT COMPANY PCB, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN A. BLACK

Name of Person

LA QUINTA MGMT CO PCB, LLC

Firm/Company

226 PARADISE BY THE SEA BLVD

Address

INLET BEACH, FL 32461

City/State and Zip Code

LQMANAGEMENTCO LLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN A. BLACK

Name of Person

at (323) 961 0339

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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 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**

LAQUINTA MANAGEMENT COMPANY PCO, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/28/2020 and assigned
Florida document number L20000144953.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BENJAMIN A. BLACK

New Registered Office Address: 226 PARADISE BY THE SEA BLVD
Enter Florida street address

INLET BEACH Florida 32461
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.

Benjamin A. Black
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>	<u>Type of Action</u>
<u>MGR</u>	<u>RANEE GIBBINS</u>	<u>7115 COASTAL PALMS BLVD.</u>	<input type="checkbox"/> Add
		<u>PANAMA CITY, FL 32408</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>RANEE GIBBINS</u>	<u>7115 COASTAL PALMS BLVD</u>	<input type="checkbox"/> Add
		<u>PANAMA CITY, FL 32408</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>BENJAMIN A. BLACK</u>	<u>7115 COASTAL PALMS BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>PANAMA CITY, FL 32408</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>BENJAMIN A. BLACK</u>	<u>7115 COASTAL PALMS BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>PANAMA CITY, FL 32408</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Bernard A. Black
Signature of a member or authorized representative of a member

BENJAMIN A. BLACK
Typed or printed name of signer

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

PLEASE UPDATE
EIN AS WELL.

LAQUINTA INN & SUITES PCB
LAQUINTA INN & SUITES
% BENJAMIN BLACK SOLE MBR
7115 COASTAL PALMS BLVD
PANAMA CITY, FL 32408

Date of this notice: 06-26-2020

Employer Identification Number:
85-1640251

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-1640251. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LAQU. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.