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Sumo

DEC 2.1 ZED D GUSHING

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: PV	U DEN AIRPOR Name of Lim	T LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Judi	Hh Aronson Name of Person	
	US Lat	ram Corporate Firm/Company	Services LLC
	1153 (Proton (+. Address	
	Weston	FL, 33327 City/State and Zip Code	
		onson @ latama	
For further information	concerning this matter, please ca	all:	***
Juditt Name	n Aronson of Person	at (<u>954)</u> 736 Area Code Daytime	US43 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)	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

YW DEN AIRPO	RT LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." 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 ad agent and/or the new registered office address here: 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:	

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>		<u>Add</u>	ress	Type of Action
MGR	Prontowas	h Management	L <u>C</u>	1110 Brickell Ave, suite 430) ॐ Add
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	the date must be specid in this block does e on the Departme	the date must be specific and cannot led in this block does not meet the e on the Department of State's need effective date, but not an effective date.	the date must be specific and cannot be prior to date by din this block does not meet the applicable state on the Department of State's records. The edeffective date, but not an effective time, at 1	the date must be specific and cannot be prior to date of filing of more to did in this block does not meet the applicable statutory filing rece on the Department of State's records. The defective date, but not an effective time, at 12:01 a.m. on the statutory filing received to the date, but not an effective time, at 12:01 a.m. on the statutory filing received to the date of	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of:(b)

Filing Fee: \$25.00