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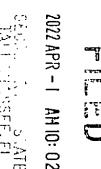
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

Registration Section

TO:

| Division of Corporations               |                                  |   |  |  |
|--|----------------------------------|---|--|--|
| Old Resort                             |                                  | ·   |  |  |
| SUBJECT:                               | Name of Lin                      | nited Liability Company                       |  |  |
|  |                                  |   |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub     | mitted for filing.                            |  |  |
| Please return all correspo             | ondence concerning this matter   | to the following:                             |  |  |
|  | Mak Alhadeff, Esq.               |   |  |  |
|  |                                  | Name of Person                                |  |  |
|  | The Alhadeff Law Group,          | P. L.   |  |  |
|  |                                  | Firm/Company                                  |  |  |
|  | 11900 Biscayne Blvd., Sui        | te 289  |  |  |
|  |                                  | Address                                       | <del></del>  |  |
|  | North Miami, FL 33181            |   |  |  |
|  |                                  | City/State and Zip Code                       |  |  |
|  | mark@alhadefflaw.com             |   |  |  |
|  |                                  | to be used for future annual report no        | tification)  |  |
| For further information of             | concerning this matter, please c | aH:   |  |  |
| Mark Alhadeff                          |                                  | 786 618-9703                                  |  |  |
| Name o                                 | f Person                         | Area Code Daytir                              | me Telephone Number  |  |
| Enclosed is a check for the            | he following amount:             |   |  |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &           | S55.00 Filing Fee &                           | ☐ \$60.00 Filing Fee.  |  |
| = 325.00 Fining FCC                    | Certificate of Status            | Certified Copy (additional copy is enclosed)  | Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|  |                                  |   |  |  |
| Mailing Addres                         |                                  | Street Address:                               |  |  |
| Registration Section                   |                                  | Registration Section Division of Corporations |  |  |
| Division of Corporations P.O. Box 6327 |                                  | The Centre of                                 |  |  |
| Tallahassee.                           |                                  |   | 2415 N. Monroe Street, Suite 810                                     |  |

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR - 1 AM 10: 02

Old Resort, 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 September 2, 2020 \_\_\_\_\_ and assigned Florida document number L20000274624 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 |
|--------------|------------------|---------------------------------|----------------|
| MGR          | Neva Investments | 11900 Biscayne Blvd., Suite 289 | □Add           |
|              |                  | North Miami, FL 33181           | ■Remove        |
|              |                  |                                 | Change         |
| MGR I        | Excedra LLC      | One Commerce Center             | <b>D</b> Add   |
|              |                  | 1201 Orange St., =600           | □Remove        |
|              |                  | Wilmington, DE 19899            | □Change        |
|              |                  | <del></del>                     |                |
|              |                  |                                 | Remove         |
|              |                  |                                 | □Change        |
|              |                  |                                 | □ Add          |
|              |                  | <del> </del>                    | □Remove        |
|              |                  | <del> </del>                    | Change         |
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|              |                  |                                 | □Change        |
|              |                  |                                 | □Add           |
|              |                  |                                 | □Remove        |
|              |                  |                                 | C) Channe      |

|                           | N/A   |
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| (If an el<br><u>Note:</u> | March 28, 2022 (optional)  fective 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)(I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| f the reco                | rd 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 led.  |
| Dated                     | March 28, 2022  |
| Date                      |   |
|                           | Signature of a member of authorized representative of a member  |

Filing Fee: \$25.00

Typed or printed name of signee