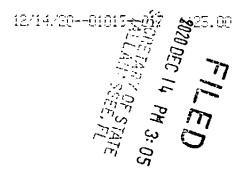
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	55 Sun-flo	OWCS HOSP nited Liability Company	italities LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John	Name of Person	
	JTS SX	Hower Hospita	alities LLC
	2242 1	Broad Water	- DC
	Jackson	City/State and Zip Code	32225
	E-mail address;	to be used for luture annual report notif	477@Smail. Com
John Name o	oncerning this matter, please e	at (904), 955	Telephone Number 3:0
Enclosed is a check for the S25.00 Filing Fee	ne following amount: ☐ \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears bn our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000342128</u>	were filed on 10 28 2000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liabile and contain the words" and the words "Limited Liabile and contain the words" and the words "Limited Liabile and contain the words" and the words "Liabile and contain the words "Liabile and contain the words" and the words are words and the words are words and the words are words and the words are wor	Hospitalities LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1020 DE0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE STATE OF
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Plorida street address
	, Florida
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 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>	Type of Action
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	ayed effective date, I	but not an effective	e time, at 12:01 a	.m. on the earlier	of: (b) The 9	0th day	after the
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