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(Re	questor's Name)	
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(Au	uless)	
(City	y/State/Zip/Phone	· #)
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	J. HORNE	
	JUL 12 2024	
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Office Use Only



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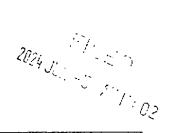
2024 JULY - J. 174 to 03

COVER LETTER

	Registration Division of C	Section Corporations	
cup ica		Hotel LLC	
SUBJEC	.1:	Name of Li	mited Liability Company
The enclo	osed Articles	of Amendment and fee(s) are su	ibmitted for filing.
Please re	turn all corres	spondence concerning this matte	er to the following:
		Ken Boggs	
		·	Name of Person
		Marion Hotel LLC	
			Firm/Company
		1701 NE 42nd AveSte 40)3
			Address
		Ocala, FL 34470	
			City/State and Zip Code
		ken@midgettelderlaw.com	
		E-mail address:	(to be used for future annual report notification)
For furthe	er information	n concerning this matter, please	call:
Ken Bog	gs		352 789-4390 at ()
	Name	e of Person	Area Code Daytime Telephone Number
Enclosed	is a check for	r the following amount:	
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration		Street Address:
		Corporations	Registration Section Division of Corporations
I	2.O. Box 61	327	The Centre of Tallahassee
-	Fallahassee	, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Marion Hotel 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 Liabili	ity Company were filed on 3/4/200	22 and assigned
Florida document number L22000113229		<u>-</u>
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Hotel Marion LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		rds, enter the name of the new registered
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:

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
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<u>_</u>			□ Add
			□Remove
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			□Remove
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			🗆 Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)
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Note:	ve date, if other than the date of filing: certive 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
ie record ord is fil	d 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 ed
Dated .	May 15th 2024
	Signature of a member or authorized representative of a member
	David Midgett Typed or printed name of signer

Filing Fee: \$25.00

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Marion Ho	tel LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter t	to the following:	
		Ken Boggs		
			Name of Person	•
		Marion Hotel LLC		
			Firm/Company	
		1701 NE 42nd AveSte 403		
			Address	
		Ocala, FL 34470		
			City/State and Zip Code	·
		ken@midgettelderlaw.com		
			o be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please ca	II:	
Ken Bogg	is		352 789-4390 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	<u>1ailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	
	O. Box 632		The Centre of T	Fallahassee
1	`allahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 July 20

Marion Hotel 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	y were filed on 3/4/2022	and assigned
Florida document number 1.22000113229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Hotel Marion LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	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 th	e name of the new registered
agent and/or the new registered office address here:	, <u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Flo ri	
	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.

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
			□Add
			Remove
			Change
			□ Remove
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docume record	specifies a delayed effective date, but not an effective time, at 12.04 a.m. on the earlier of (b). The 90th day after the
locume 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
docume 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 day 15th
record	specifies a delayed effective date, but not an effective time, at 12.04 a.m. on the earlier of (b). The 90th day after the

Filing Fee: \$25.00