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(Reques	stor's Name)
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(Busine	ss Entity Name)
(Docum	ent Number)
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
0 t 1 tt 1 tt 0 0 tt	oon Hotels, LLC		***
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Suzanne Sanderson		
		Name of Person	
	The Jay Odom Group LLC		
		Finn/Company	
	P O Box 1735		
		Address	
	Destin, FL 32540		
		City/State and Zip Code	
	ssanderson@thejayodomgro	-	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Suzanne Sanderson		850 654-4126 ex	t 105
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section of Cor The Centre of T	porations
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

29 JAN 24 PH 12: 12

(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 October 31, 2022 and assigned Florida document number L22000465617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Grand Lagoon Amenity, LLC 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: New Registered Office Address: Enter Florida street address ___, Florida _____ Zip Code City

New Registered Agent's Signature, if changing Registered Agent:

Grand Lagoon Hotels, LLC

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
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			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recor	rd specifies a delayed effective date, but not an effective time, at 12:07 a.m. on the earlier of: (b) The 90th day after the led.
Dated	January 18
	Signature of a member or authorized representative of a member
	Inu A. Odom
	Jay A. Odom Typed or printed name of signee

Filing Fee: \$25.00