122915

(Requestor's Name) (Address)	
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(City/State/Zip/Phone #)	07/16/1201055006 **35.UU
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Landcom H	lospitality Mana	gement, Inc.	
DOCUMENT NUM	BER: L22915			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MaryAnne Lane			
		Name of Contact Person	n	
	Landcom Hospita	ality Managemer	nt, Inc.	
	-	Firm/ Company		
	4314 Pablo Oaks	Court		
		Address		
	Jacksonville, FL	32224		
		City/ State and Zip Cod	e	
ml	ane@lhmhotels.co	om		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		71
MaryAnne L	ane	at (904	992-3700	Ext. 36
Name	of Contact Person	Area Co	de & Daytime Telephon	e Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	s
	niling Address		Address	
Amendment Section Amendment Division of Corporations Division of Corporations		on of Corporations		
). Box 6327		Building	
Tal	lahassee, FL 32314		Executive Center Circle assee, FL 32301	
		i anana	23300, FL 32301	

Articles of Amendment to Articles of Incorporation of

Landcom Hospitality Management, Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
L22915	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	25 72
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	55 6
	THO E C
D. 10. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12	ss in Florida, enter the name of the
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	CuPA 15 Over
(Florida stree	t address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ac	ent it changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	v	MaryAnne Lane	4314 Pablo Oaks Court Jacksonville, FL 32224
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

-If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)			
				- <u>-</u>
			<u> </u>	
				
				
If an amendment provides for an exch	ange, reclassification	on, or cancellatio	n of issued shares	ŗ.
provisions for implementing the ame (if not applicable, indicate N/A)	nument ii not conta	med in the amen	ument usen;	
		<u>,, , , , , , , , , , , , , , , , , , ,</u>		
				
				

The date of each amendment(s) add	option: 7/9/12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated	7/9/12
Signature	hul the
	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
_	CHANCS R Johnson (Typed or printed name of person signing) President
	(Typed or printed name of person signing)
_	President
	(Title of person signing)