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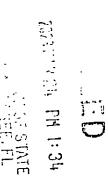
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R. HUNT 03/24/23

COVER LETTER

TO:

ΓΟ: Registratio Division of	n Section Corporations			
	IRPORT PARTNERS, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
	espondence concerning this matter			
	Oscar Vila			
	·	Name of Person		~.,
	Vila, Padron & Diaz, P.A.		<u></u>	TATE OF STATE
		Firm/Company	7-2	. iii . 2
	201 Alhambra Circle, Suit	te 702	7.7 	24 PM 1
		Address	ំព្រះ មាន	
	Coral Gables, FL 33134			194:
	abestard@vpdlaw.com	City/State and Zip Code		
		(to be used for future annual report notif	īcation)	
For further informat	on concerning this matter, please of	zan.		
Annette Bestard		305 461-4888 at ()		
Na	me of Person	Area Code Daytimo	e Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	ce S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status &
Division P.O. Box	ion Section of Corporations	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLC AIRPORT PARTNERS, LLC		
(Name of the Limited	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L23000034914	bility Company were filed on 01/18/2023	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
SLC HOSPITALITY PARTNERS II, LLC		
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applica	The state of the s	25 25 25
Principal office address MUST BE A STREET	ADDRESS)	· · · · ·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	STATE .	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, enter the name of here:	the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
		p 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>	Name	Address	Type of Action
 			□Add
			□Remove
			Change
			PARemove
			Change
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ffective date, if other than the date	e of filing:			(optio	nal)		.06 020
an effective date is listed, the date must be stole: If the date inserted in this block d	loes not meet the	applicable sta	f filing or more tha tutory filing requ	n 90 days after i irements, this	date will	not be li	isted as
ocument's effective date on the Depart	ment of State's re	ecoras.					
record specifies a delayed effective dated is filed.	e, but not an effe	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90t	th day af	fter the
MARCH 23	2023	ı -					
		<u> </u>					
	ature of a member	′i / -					

Filing Fee: \$25.00