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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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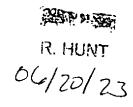
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COVER LETTER

Registration Section Division of Corporations

TO:

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|--|--|---|--|--------------------------|--------|---|
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | Margare He | Francis Name of Person | | - | | |
| | | Firm/Company | | - : | 1800 | |
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| | | Address | | SSEE, FL | n P | |
| | Peribroke Pir | City/State and Zip Code | | الم المالك الماليا | H IO: | 1 |
| | | City/State and Zip Code Motimail. Loim to be used for future annual report noti | | FLE | 09 | |
| For further information c | oncerning this matter, please c | all: | | | | |
| Yargare He f | Francis f Person | at (<u>954</u>) <u>H 19 - L</u> Area Code Daytim | DOS6 ne Telephone Numbe | r | | |
| Enclosed is a check for the | he following amount: | | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | cate of Status & | | |
| Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee. | Section Corporations 27 | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee. FL | rporations Fallahassee e Street, Suite 8 | 310 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Margaritaville & Stieraton Isles 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 were filed on 1 - 27 - 2023 and assigned Florida document number L 230000 50684 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sheraton Villas LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registe. agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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