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# **COVER LETTER**

### TO: Registration Section Division of Corporations

Driftwood Montana, LLC

SUBJECT: \_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula McKane

Name of Person

Driftwood Hospitality Management II, LLC

Firm/Company

11770 US Highway One, Suite 202

Address

North Palm Beach, FL 33408

City/State and Zip Code

pmckane@dhmhotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ŧ

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Driftwood Montana, 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 March 24, 2024 \_\_\_\_\_\_ and assigned Florida document number L24000137790 \_\_\_\_\_\_.

This amendment is submitted to amend the following:

# A. If amending name, enter the new name of the limited liability company here:

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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	 Enter Florida		
	Enter r torida	. Florida	2024 S E C
	City		Zhji Code 🚝 🔳
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent	and agree to act in this cap	oacity. I further ag	ree to comply with the
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a			
being filed to merely reflect a change in the registere company has been notified in writing of this change.	ed office address. I hereby c		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

# MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	Charles M. Diaz	H1770 US Highway One, Suite 202	≝∧dd
		North Palm Beach, FL 33408	🗆 Remove
			Change
MGR	David Buddemeyer	11770 US Highway One, Suite 202	Šladd
		North Palm Beach, FL 33408	🗆 Remove
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D. If ame	nding any othe	r information,	enter	change(s) here:	(Attach additi	ional sheets	. if necessary.)
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If an effective date <u>Note:</u> If the da	, <b>if</b> other than the date e is listed, the date must be sp te inserted in this block de ective date on the Departr	oes not meet the applicab	date of filing or more than 90 days le statutory filing requirements	optional) after filing.) Pursuant to 60; , this date will not be list	5.0207 (3)(b ied as the
e record specific rd is filed.	es a delayed effective date	, but not an effective time	e, at 12:01 a.m. on the earlier o	f: (b) The 90th day after	the
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July Dated	17	2024			
	-30Gm	~ <u>~</u>			
	Signa	U ture of a member or authori	zed representative of a member		<u> </u>
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Dav	id Buddemeyer				
		Typed or printed	name of signee		