P13000006479

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SECRETARY OF STATE

FEB _ 5 2013

T. ROBERTS

COVER LETTER

Division of Corp	porations		
NAME OF CODDO	RATION: WYNDHAN	1 54, INC.	
DOCUMENT NUM	BER: P1300000647	9	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	SUSAN SILVA		
	-	Name of Contact Persor	1
	SPYGLASS INVE		<u> </u>
Firm/ Company			
9400 RIVER CROSSING BLVD, SUITE 104			
	NEW DODE DIO	Address	
	NEW PORT RICE	<u> </u>	
		City/ State and Zip Code	e
ma	arianne.malave@g	mail.com	
	E-mail address: (to be us	sed for future annual report	notification)
	·	ed for future annual report	notification)
For further information	E-mail address: (to be us	ed for future annual report	notification)
For further information	·	ed for future annual report	
Susan Silva	·	ed for future annual report	notification)
Susan Silva Name	on concerning this matter, please	see call: at (727 Area Co	345-1155 de & Daytime Telephone Number
Susan Silva Name Enclosed is a check f	on concerning this matter, pleased of Contact Person for the following amount made	see call: at (727 Area Co	345-1155 de & Daytime Telephone Number
Susan Silva Name	on concerning this matter, please of Contact Person for the following amount made	ed for future annual report se call: at (727 Area Co payable to the Florida Depo	345-1155 de & Daytime Telephone Number artment of State: □\$52.50 Filing Fee
Susan Silva Name Enclosed is a check f	on concerning this matter, pleased of Contact Person for the following amount made	at (727 Area Co payable to the Florida Depayable to the Florida Co Certified Copy	345-1155 de & Daytime Telephone Number artment of State: \$\sumsetmus 52.50 \text{ Filing Fee} \text{ Certificate of Status}
Susan Silva Name Enclosed is a check f	on concerning this matter, please of Contact Person for the following amount made	ed for future annual report se call: at (727 Area Co payable to the Florida Depo	345-1155 de & Daytime Telephone Number artment of State: □\$52.50 Filing Fee
Susan Silva Name Enclosed is a check f	on concerning this matter, please of Contact Person for the following amount made	at (727 Area Co payable to the Florida Deport \$43.75 Filing Fee & Certified Copy (Additional copy is	345-1155 de & Daytime Telephone Number artment of State: \$52.50 Filing Fee Certificate of Status Certified Copy
Susan Silva Name Enclosed is a check f \$35 Filing Fee	on concerning this matter, please of Contact Person for the following amount made \$\infty\$\$\$\$\$43.75 Filing Fee & Certificate of Status	at (727 Area Co payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	345-1155 de & Daytime Telephone Number artment of State: \$\sum_\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address
Susan Silva Name Enclosed is a check f \$35 Filling Fee Ma	on concerning this matter, please of Contact Person for the following amount made \$\infty\$\$\$\$\$43.75 Filing Fee & Certificate of Status	at (727 Area Co payable to the Florida Depa \$\text{Street} \text{Amend}\$	345-1155 de & Daytime Telephone Number artment of State: \$\sum_{\$52.50}\$ Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address Iment Section
Susan Silva Name Enclosed is a check f \$35 Filling Fee Man	on concerning this matter, please of Contact Person for the following amount made \$\infty\$\$\$\$\$43.75 Filing Fee & Certificate of Status	at (727 Area Co payable to the Florida Depo \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Division	345-1155 de & Daytime Telephone Number artment of State: \$\sum_\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

WYNDHAM 54, INC.

Articles of Ar	nendment
to Articles of Inco	Incrided Dept. of State) State State State State State
of	13 CED
WYNDHAM 54, INC.	THE -4
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P13000006479	ASSEE STATE
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
5415, INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "Local Control of the control of th	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	9400 RIVER CROSSING BLVD.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 102
	NEW PORT RICHEY, FL 34655
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
rame of new negative a rigeri	
(Florida stre	eet address)
New Registered Office Address	, Florida
New Registered Office Address: (City)	(Zip Code)
New Designated Agent's Signature if shouning Designated Agents	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	gent, if 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 <math>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: X Change	<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
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		·	
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NIA	
——————————————————————————————————————	
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F. If an amendment provides for an exchange, reclassification, or ca	ncellation of issued shares.
provisions for implementing the amendment if not contained in t	he amendment itself:
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) add	option:
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder
Dated	En 20 2013
Signature	france Thalan
	ector, 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
	d fiduciary by that fiduciary)
i	MARIANNE S. MALAVE
_	(Typed or printed name of person signing)
	SECRETARY/TREASURER
	(Title of person signing)