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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LUXE Hotel Mayi Management Co DOCUMENT NUMBER: P2300017257	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephanie E. Scheiman, EA.  Name of Contact Person  David M. Scheiman CPA PA  Firm/ Company  3107 Peachtree Civ  Address  Davie, FL 33328  City/ State and Zip Code  Stephanie @ DMS CPA. Net  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  Stephanie Scheinman (305), 799-0064	u <del>n</del> = 1:
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	, ; ; ; ;
S35 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

LUXE HOTEL MOUL Management Co	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P23000017257	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	dment(s) to
A. If amending name, enter the new name of the corporation:	
The Historic Wailuku Maui Co	nem.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cor,	p., "
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the w "chartered," "professional association," or the abbreviation "P.A."	rord
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	_
	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	<u></u> g
new registered agent and/or the new registered office address:	+ j) 
Name of New Registered Agent	4
(Florida street address)	
New Registered Office Address: , Florida : ,	_
(City) (Zip) Code)	
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			*
Add	-		
Remove 3 ) Change			
Add			***************************************
Remove			
4) Change			
Add			-
Remove			
Add			
Remove			
6) Change		_	
Add			
Romano			

ttach additional sheets, if necessary).	(Be specific)	
		<del></del>
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	-	
		-
n amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
ovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
·		
	717-2-	
· · · · · · · · · · · · · · · · · · ·		

Adoption of Amendment(s)	(no more than 90 days after amendment file date)  ock does not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
Note: If the date inserted in this ble document's effective date on the Dep Adoption of Amendment(s)	ock does not meet the applicable statutory filing requirements, this date will not be listed a
Adoption of Amendment(s)	artment of State's records.
	( <u>CHECK ONE</u> )
The amendment(s) was/were adoption was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) frient for approval.
must he separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):  or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated 4-25	7-24
Signature <b>Robert</b> (By a dire	dor, 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
appointed	I fiduciary by that fiduciary)
E	(Typed or printed name of person signing)
	D