

LO4000073074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

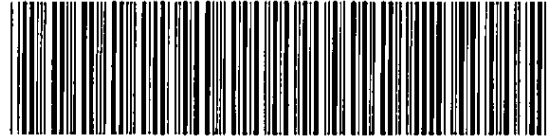
(Business Entity Name)

(Document Number)

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2023 SEP 28 PM 3:36  
STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: HSHWIM Building 1000 Parking, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig P. Thompson  
Name of Person

Aventura Marina Owner LLC  
Firm/Company

150 SE 2nd Avenue, Suite 800  
Address

Miami, FL 33131  
City/State and Zip Code

legal@integrafl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Thompson at ( 305 ) 774-0110  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HSHWIM Building 1000 Parking, 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 10/07/2004 and assigned Florida document number L04000073074.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

150 SE 2nd Avenue, Suite 800

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33131

**Enter new mailing address, if applicable:**

150 SE 2nd Ave., Suite 800

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL 33131

FILED  
2023 SEP 28 PM 3:36  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Integra Marinas, LLC

New Registered Office Address:

150 SE 2nd Ave., Suite 800

*Enter Florida street address*

Miami

Florida 33131

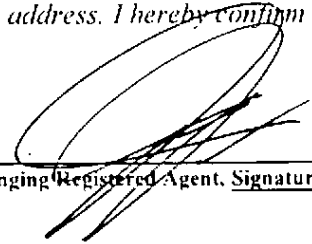
*City*

*Zip 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 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 added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HSH WILLISLE MARINA COMPANY, LLLP	515 N Flagler Dr., Suite 1500	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Aventura Marina Owner LLC	150 SE 2nd Avenue, Suite 800	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 5, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Paulo Melo  
\_\_\_\_\_  
Typed or printed name of signee