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COVER'LETTER

Division of	Corporations	
Cocce SUBJECT:	onut Creek Hospitality Group-Marriott, LLC	
Sobsect.	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Seth Fellman	
	Name of Person	-
	Coconut Creek Hospitality Group-Marriott, LLC	
	Firm/Company	-
	5414 NW 72nd Ave	
	Address	-
	Miami, FL 33166	三名 6
	City/State and Zip Code	題名可
	sfellman@morlin.com E-mail address: (to be used for future annual report notification)	1-9 P
For further informat	ion concerning this matter, please call:	
Christine Cloutier	305 254-8000 at ()	2 49 STATE LORBER
N	ame of Person Area Code Daytime Telephone Number	r ·
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fo	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy is enclosed)	ite of Status &

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coconut Creek Hospitality Group-Mart	riot, LLC
(Name of the Limited L (A I	iability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 10/2/2015 and assigned
Florida document number L15000168184	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
Coconut Creek Hospitality Group-Marriott, LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
Principal office address MUST BE A STREET A	(DDRESS)
	Fig. 5
Fueton many mailing address (6 and 10 ab).	
Enter new mailing address, if applicable:	N
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>
	registered office address on our records, enter the name of the n
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	
New Registered Office Address:	
THE PRODUCTION OF THE PRODUCTI	Enter Florida street address
	, Florida
-	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> **Type of Action Address** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 5 ≟⊓ Remove⊓ <u></u> 立口 Cllange □ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove _ Change

	
	
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of force: If the date inserted in this block does not meet the applicable statut	iling or more than 90 days after filing.) Pursuant to 605.020
ocument's effective date on the Department of State's records.	ory ming requirements, this date will not be listed a
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a record apposition a delayed offerthise data. his and an effe	
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier (
ated $\frac{16}{2}$, $\frac{2015}{2}$.	
X	
/ \	
Signature of a member or authorized repre	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00