Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	
mail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINIMAL SAVANNAII HOTEL, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Code
	CORAL GABLES	, Florida	33134
New Registered Office Address:		er Florida street address	
New Parist and Office Address	2199 PONCE DE LEON BO	DULEVARD, SUITE 301	
Name of New Registered Agent:	ALEX D. SIRULNIK, P.A.		
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the n</u>	ame of the new registered
			·
(Mailing address MAY BE A POST OFFICE	BUX)		
Enter new mailing address, if applicable:	P/VI		
			के अ
(Principal office address MUST BE A STREE	ET ADDRESS)		5 5. 6.
Enter new principal offices address, if applie			<u> </u>
The new name must be distinguishable and contain the		" the designation "LLC" or th	e abbreviation Eb.E.C." 2
Λ. If amending name, enter the new name of			2021 HAY
This amendment is submitted to amend the following	owing:		1 0.3
Florida document number L21000220477			
The Articles of Organization for this Limited L	and assigned		
(Name of the Limi	ted Liability Company as it now a	ippears on our records.)	·-
MINIMAL SAVANNAH HOTEL	,		

New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

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>	Address	Type of Action
MGR	JOSE M SOFTA		□Add
			≅Remove
MGR	M360 MANAGEMENT LLC	2199 PONCE DE LEON BOULEVARD	Change
	MINOU MANAGEMENT EEC	SUITE 301	HAY 24 BAHASSE
		CORAL GABLES, FL 33134	Change ZIZI HAY 24 PH 3: 35 RemGE FIEDRID A Change Change
			DAdd P
			□Remove
			□Change
			□ Remove
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			□Add
			□Remove
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			□Add □Remove
			□Chang e

From: James Tank

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Note	the date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure of the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	nam to 605.020 not be listed a	07 (3)(b) as the	i.
If the reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90ted.	h day after th	e	
	MAY 24 2021			
Date	· · · · · · · · · · · · · · · · · · ·			