

LD5000024180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

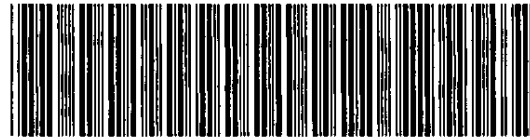
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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APR 23 2013
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EB Hotel Miami, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Zarikian
Name of Person
EB Hotel Miami, LLC
Firm/Company
4299 NW 36th ST
Address
Miami Springs, FL 33166
City/State and Zip Code
egonzalez@ebhotels.com
E-mail address: (to be used for future annual report notification)

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2013 APR 22 PM 2:00
TALLAHASSEE FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Eileen Gonzalez at **305 888-4662**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EB Hotel Miami, 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 03/09/2005 and assigned Florida document number L05000024180.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2010 APR 22 PM 2:00
TALLAHASSEE FLORIDA

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: ANECA, LLC

New Registered Office Address: 4299 NW 36TH ST
Enter Florida street address

Miami Springs, Florida 33166
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AGZAR, LLC	4299 NW 36TH ST	<input type="checkbox"/> Add
		Miami Springs, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA
2018 APR 23 PM 2:00
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

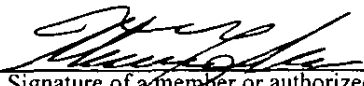
Registered Agent Name remains the same. Address change to:

4299 NW 36TH ST, Miami Springs, FL 33166

Manager Member Name remains the same. Address changed to:

4299 NW 36TH ST, Miami Springs, FL 33166

Dated April 11, 2013



Signature of a member or authorized representative of a member

Thomas Zarikian

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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