## 000065037

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## **COVER LETTER**

TO: Registration S Division of Co		٠		
NEW YOU SUBJECT:	RK PLAZA HOTEL ROOM, L	LC.		
	Name of Lin	iited Liability Company	•	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	RICHARD G. TOLEDO			
	<del></del>	Name of Person		
	NEW YORK PLAZA HO	TEL ROOM, LLC.		
٠		Firm/Company		-
	999 BRICKELL AVENUE PH 1101			
		Address		
	MIAMI , FL 33131	·	ū	<u> </u>
		City/State and Zip Code	$\rightarrow$	
	accounting/ω]isanjc.com E-mail address: (	to be used for future annual report notif	ication) ςο ω	
For further information of	concerning this matter, please c	all:	-	
Nama	of Person	at () Area Code Daytime	Telephone Number	
rane (	n reison	Acca Code 17ayume	retephone Number	
Enclosed is a check for t	he 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

(Name of the Limited Lia (A Flo	pility Company as it now appears of ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit		
Florida document number L06000065037  This amendment is submitted to amend the following	<u> </u>	
_		
A. If amending name, <u>enter the new name of the l</u> NONE	mited natimity company nere	•
The new name must be distinguishable and contain the words "	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NONE	and the second s
Principal office address MUST BE A STREET AD	DRESS)	्र सुर्वे सुर्वे
Enter new mailing address, if applicable:		5 7
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		1. 1.2
<ol> <li>If amending the registered agent and/or re egistered agent and/or the new registered office a</li> </ol>		ur records, enter the name of the
Name of New Registered Agent: NO	NE	·
New Registered Office Address:		
	Enter Florida	street address
		, Florida
<del>-</del>	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 against 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	PAOLA CASTILLO RIBON	999 BRICKELL AVENUE	
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		MIAMI, FL 33131	Change
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fective date, if other than than effective date is listed, the date m	e date of filing: OCTOB	BER 05, 2018	(optional)	
in effective date is listed, the date mi ote: If the date inserted in this b	ust be specific and cannot be p block does not meet the an	mor to date of filing or more than! olicable statutory filing require	90 days after tiling.) Pursuant to ements, this date will not be	605.020 listed a
ocument's effective date on the I				
record specifies a delaye	ed effective date, but	not an effective time, a	t 12:01 a.m. on the ea	rlier (
The 90th day after the re				
OCTOBER 03	2018			
		$\frac{1}{2}$		
	1 70			

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Typed or printed name of signee

Filing Fee: \$25.00