## L19000159841

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## **COVER LETTER**

Điv	ision of Corp	porations	_	
SUBJECT:	2318 NBR.,		•	
		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Keith Menin		
			Name of Person	<del></del>
		-	Firm/Company	
		3050 BISCAYNE BLVD	РНІ	
			Address	
		MIAMI, FL 33137		
			City/State and Zip Code	
		kmenin@meninhospitality.		
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Christopher	DiSchino		786 581-2542	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e 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)

TO:

Registration Section

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

2318 NBR, LLC

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our record ability Company)	5.)
The Articles of Organization for this Limited Liability Company vi Florida document number L19000159841	were filed on <u>06/26/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MENIN HOMES, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation LLC	
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		SER 71
	<u> </u>	
		S; > M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(-25) <b>4-</b>
Munning address MAT DE ATTAXT OF FICE DOM		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addres	56
<del></del>	, FI	orida Zıp Code
New Registered Agent's Signature, if changing Registered Agent;	·	·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, as rovided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

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
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	<del></del>		
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ective date, if other than the offective date is listed, the date must be: If the date inserted in this blo ument's effective date on the De	be specific and can ck does not meet	not be prior to o the applicabl		iore than 90 days			
2	out the court	2 1 4 4 6 1 4 5 .					
cord specifies a delayed effective s filed.	date, but not an e	effective time	, at 12:01 a.m.	on the earlier o	of: (b) The 90	Oth day a	ifter th
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Filing Fee: \$25.00