L21000310726

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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Section Division of Corporations				
1. Cutler Ba	ay Lodging, LLC				
SUBJECT:	Name of Limi	ted Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Schreibstein				
		Name of Person	· .		
	Offit Kurman				
	···	Firm/Company			
8850 Stanford Boulevard, Suite 2900					
		Address			
	Columbia, Maryland 21045 City/State and Zip Code				
	mschreibstein@offitkurman	.com to be used for future annual report no	ntification		
For further information of	concerning this matter, please ca		,		
Michael Schreibstein		301 575-0314			
Name o	of Person	Area Code Dayti	me Telephone 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 Addre		Street Address:	· cation		
Registration Division of C		Registration S Division of Co			
P.O. Box 632		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1. Cutler Bay Lodging, LLC			
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)	-
The Articles of Organization for this Limited Liability Florida document number L21000310726	Company were filed on July 7, 2021	i	and assign
This amendment is submitted to amend the following:	<u> </u>		
A. If amending name, enter the new name of the lin	nited liability company here:		
Cutler Bay Lodging, LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the ab	breviation "L.L.C
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		enter the nam	e of the new re
Name of New Registered Agent:			
New Registered Office Address:		_	
	Enter Florida street	address	
	City	, Florida	710 (0.42)
New Registered Agent's Signature, if changing Register	•		Zip Code
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duti agent as provided for in Chapter red office address, I hereby confi	es, and Lam f 605, F.S. Or,	amiliar with a if this docume
	If Changing Registered Agent, Sign:	ature of New Rep	istered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of A
			□Add
			[]Removi
			☐ Change
			□Add
			[]Change
			□Add
			□Remove
			Change
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			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			☐ Change

i aine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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`an effe <u>{ote:</u> I	the date, if other than the date of filing:
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after td.
ated _	October 15, 2021
	Signature of a manner of authorized representative of a member