604000007377

(Requestor's Name)				
(Address)				
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

* * المُعْلِمُونِ المُعْلِمُ المُعْلِمُ المُعْلِمُ المُعْلِمُ المُعْلِمُ المُعْلِمُ المُعْلِمُ المُعْلِمُ



900267704479

900267704479 01/16/15--01015--025 **60.00

15 FEB 13 PM L: 05
SECRETARY OF STATE
ALLAHASSEE, FLORIO

Technology 10 /2015

COVER LETTER

TO: Registration Sec Division of Corp						
Deauville	Hotel Holdings,LLC					
SUBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are subrandence concerning this matter t	-				
	Jose M. Chanfrau, IV	,				
	Name of Person					
Jose M. Chanfrau, IV PA						
	Firm/Company					
	6701 Collins Avenue, Normandy Room					
	Address					
	Miami Beach, FL 33141					
		City/State and Zip Code				
	jchanfrau@josechanfraupa.com					
	E-mail address: (to	o be used for future annual report notificati	on)			
For further information co	oncerning this matter, please ca	ll:				
Jose M. Chanfrau,	IV	786 621-5205				
Name of	Person	Area Code Daytime Tel	lephone Number			
Enclosed is 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)			

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2015

JOSE M. CHANFRAU, IV 6701 COLLINS AVE, NORMANDY ROOM MIAMI BEACH, FL 33141

SUBJECT: DEAUVILLE HOTEL HOLDINGS, LLC

Ref. Number: L04000007377

We have received your document for DEAUVILLE HOTEL HOLDINGS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 115A00001842

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deauville Hotel Holdings,			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	ords.)
The Articles of Organization for this Limited I Plorida document number L0400007377	Liability Compa	ny were filed on 01/27/2004	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
he new name must be distinguishable and end with the	e words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		·
			/>
Enter new mailing address, if applicable:		N/A	APPLICATION TO THE PROPERTY OF
Mailing address MAY BE A POST OFFICE BOX)			- CO STATE OF STATE O
 If amending the registered agent and egistered agent and/or the new registered of 	•		rds, enterthe filme of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street add	lress
		,	Florida
	-	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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name 6701 Collins Ave., St Julien Room MGRM Beach Hotel Mgt., Inc. □ Add Miami Beach, FL 33141 ■ Remove Deauville Associates, LLC 6701 Collins Ave., St. Julien Room MGRM ■ Add Miami Beach, FL 33141 ☐ Remove _□ Add ☐ Remove □ Add ____ Remove

D. If amending any other information	ation, enter change(s) here: (Attach addit	tional sheets, if necessary.)
N/A		
<u></u>		
	•	
E. Effective date, if other than the	e date of filing:	(optional)
(The effective date must be specific, can the date this document is filed by the F	not be prior to date of receipt or filed date and canno lorida Department of State)	t be more than 90 days after
February 9	2015	
Dated		
	Signature of a member or authorized representative	ve of a member
Jose M. Chanfrau	J, IV, Esq. Attorney for Deauville Ho	
	Typed or printed name of signee	<u></u>
		ASS 3
		ř
		. 6 R

Page 3 of 3

Filing Fee: \$25.00