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EXAMINER

COVER LETTER

10:	Division of Corporations	
SUBJE	T: MIAMI BEACH CHARTERS, LLC Name of Limited Liability Company	<u>.</u>
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
٠.	GIADA ROCCA Name of Person	
	Name of Person	
	Firm/Company	LLC
	1423 COLLINS AVENUE	
	MIAMI BEACH FLORIDA 3	2139
	GRACIA ROPEN CINAL HOTEL COM	•
	City/State and Zip Code GROCA & PENGUINHOTEL.Com E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	Name of Person Area Code & Daytime Teleph	TALL SEP 25 AN IO: OF SIAN IO:
		hone Number
	is a check for the following amount:	SPECIAL DE
\$ 25.	0 Filing Fee \$\bigcup \\$30.00 Filing Fee & \$\bigcup \\$55.00 Filing Fee & \$\bigcup \\$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

MIAMI REACH CHARTERS, LIC

(Name of the Limited Lia (A Flo	ability Company as it now appears on our recordorida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi		204 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		- 17 ST 2000
B. If amending the registered agent and/or	nominational office address on our wascands	
b. It amending the registered agent and/or registered agent and/or the new registered office		SSE S
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida str	zet address
_	, Flor	
	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 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 **Title Address Type of Action** <u>Name</u> MGR 1423 Collins Avenue Miami Beach, FZ 33139 ☐ Add Remove 1423 Collins Avenue Hiami Beach, FL 3 MGR Add 🗌 Remove Add Remove □Add ☐Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated_ Signature of a member or authorized representative of a member GIADA ROCCA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00