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SECRETARY OF STATE
TALL AHASSIE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		ANA DOMUS LLC		
SOBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		JEAN PAUL CHARL	ES	
			Name of Person	
			Firm/Company	
		THE CARLYLE HOT	TEL CONDO # 3D - 1250 00	CEAN DRIVE
			Address	
		MIAMI BEACH, FL		
		jpcharles@noos.fr	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
JEA	N PAUL CHAF	RLES	786 683 6960 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

MERIDIANA DOMUS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company	were filed on	and ass	signed	
Florida document numberL09000111241	,				
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
N/A					
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:		THE CARLYLE HOTEL #3D			
(Principal office address MUST BE A STREET		1250 OCEAN DRIVE			
	,	MIAMI BEACH FL 33139			
		THE CARLYLE HOTEL #3D			
Enter new mailing address, if applicable:		1250 OCEAN DRIVE			
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	MIAMI BEACH FL 33139			
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here		er the name 14 DEC	of the new	
Name of New Registered Agent:	11400 NE 10 AVENUE		SS I	Alto come	
New Registered Office Address:		Enter Florida street address			
	MIAMI	, Florida	33139		
		City	Zip C ode		
New Registered Agent's Signature, if changing R	egistered Agent:		>		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete patered agent as pagestered office whange. If Chan	performance of my duties, and I and orovided for in Chapter 605, F.S. Of address, I hereby confirm that the light ging Registered Agent, Signature of New	n familiar wii Pr, if this doci limited liabili	th and ument is ity	
	Page 1	of 3			

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
N/A 			Add
			Remove
			Add
		<u> </u>	□ Remove
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N/A, , , , , , , , , , , , , , , , , , ,		
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Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSEE JEORIO